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PROGRESS REPORT
**TO THE UNITED STATES AGENCY FOR INTERNATIONAL
DEVELOPMENT (USAID)**

**FROM THE
STOP TUBERCULOSIS DEPARTMENT OF THE
WORLD HEALTH ORGANIZATION (WHO)
ON TUBERCULOSIS CONTROL
IN THE RUSSIAN FEDERATION**



June 2002 – November 2002

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Attachment 4. Sputum smear conversion rates among new cases in Ivanovo, Orel and Vladimir Oblasts, civilian and prison sectors (diagrams).

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Attachment 7. Statement of Expenditure as of 30 November 2002.

Glossary

BSC	Biological Safety Cabinet
CDC	Centers for Disease Control and Prevention
CTRI	Central Tuberculosis Research Institute of the Russian Academy of Medical Sciences
DGR	Representative of the Director-General of WHO in the Russian Federation
DGSR	Special Representative of the Director-General of WHO in the Russian Federation
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment Short-course
DST	Drug Susceptibility Testing
DTBE	Division of Tuberculosis Elimination
GHC	General Health Care
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit, German Agency for Technical Cooperation
GUIN	Federal penitentiary system
HIV	Human Immunodeficiency Virus
HLWG	High Level Working Group
ICC	International Coordination Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
KNCV	Royal Netherlands TB Association
MDR-TB	Multidrug-resistant Tuberculosis
MMA	I.M. Sechenov Moscow Medical Academy
MoH	Ministry of Health of the Russian Federation
MoJ	Ministry of Justice of the Russian Federation
MoI	Ministry of Interior of the Russian Federation
MSF	Médecins Sans Frontières
NIOSH	National Institute for Occupational Safety and Health
NPO	National Professional Officer
PGMI	Post-graduate Medical Institute
PRIKAZ	TB Executive Order
RAMS	Russian Academy of Medical Sciences
RIPP	Research Institute of Phthysiopulmonology of Moscow Medical Academy
RRC	Russian Red Cross
SRL	Supranational Laboratory
TB	Tuberculosis
TWG	Thematic Working Group
USAID	United States Agency for International Development
UIN	Ministry of Justice Correctional Department
UV	Ultra-violet
VNS	Visiting Nurses Services
WB	World Bank
WHO	World Health Organization

1. General information

1.1 Project title

Tuberculosis Control in the Russian Federation Pilot Programme.

1.2 Timeframe of the project

27 August 1999 – 31 December 2004.

1.3 Project sites

Ivanovo Oblast, Orel Oblast, Vladimir Oblast, Chuvashia Republic of the Russian Federation, Central TB Research Institute of the Russian Academy of Medical Science (CTRI/RAMS), Research Institute of Phthisiopulmonology of Moscow Medical Academy (RIPP).

1.4 Reporting period

1 June 2002 – 30 November 2002.

2. Executive summary

Since 1999 the Office of the Special Representative of the Director-General of WHO in the Russian Federation (DGSR), in collaboration with the Ministry of Health (MoH) and the national TB programme, has been implementing TB demonstration projects, which aim to introduce the WHO TB control approaches (DOTS and DOTS-Plus) in four selected regions of the Russian Federation (Ivanovo, Orel and Vladimir Oblasts and Chuvashia Republic). Financial support has been provided by the United States Agency for International Development (USAID). It is expected that the pilot models, if successful, will form the basis for a revised national TB control strategy and will be replicated by the Russian Government with its own resources and the support of other donors.

As a result of the revision of the grant in September 2001, additional funds were allocated for the WHO TB Control Programme in the Russian Federation, which allowed it to expand and provide support for TB control at the federal level, in addition to regional activities.

The following priority areas were identified for the federal level component:

- Further capacity building, including institutional support for TB control at the national level;
- Information and education;
- Advocacy of the TB Control Programme among policy makers;
- Support for World Bank (WB) activities.

During the reporting period the activities planned in the framework of the WHO TB Control Programme continued in the four regions of the Russian Federation, together with strengthened support for the federal level of the TB control service.

At the federal level the following activities took place during the reporting period:

- WB mission to the Russian Federation – negotiations on the loan to the Russian Federation to fight TB/HIV (June 2002);
- Interregional international conference “Tuberculosis – old problem in new millennium” (July 2002).
- 1st meeting of the International Coordination Committee (ICC) on Tuberculosis (September 2002);
- Scientific and practical conference “New framework for TB control organization. Lessons learnt and exchange of experience gained from the implementation of the pilot projects” (September 2002);
- 6th meeting of the High Level Working Group (HLWG) on Tuberculosis in the Russian Federation (October 2002);

All these activities demonstrated the increased political commitment of the Government of the Russian Federation and the national TB control programme to the WHO TB control strategy.

The experience and lessons learnt from the TB demonstration projects have been incorporated into two types of important documents at the federal level: 1) working documents developed by the WB team during their discussions with the Government of the Russian Federation on the loan for TB and HIV control, and 2) the five-year plan of the MoH on “Provision of guaranteed diagnostic and treatment procedures for TB patients and development of the TB service in the Russian Federation”, developed with WHO technical support in accordance with the recommendations of the DOTS Expansion Plan.

Sustainability is a crucial issue for any health development programme. This issue was addressed in the “Regional TB Control Programme 2002–2004”, which was developed for each of the four WHO pilot regions in the Russian Federation. These documents contain an exit plan that describes the perspectives for the continuation of effective TB control beyond external donor funding. The documents were submitted to the MoH for approval.

WHO continues cooperation with the leading TB Research Institutes in Russia: the Research Institute of Phthisiopulmonology of the I.M. Sechenov Moscow Medical Academy (RIPP) and the Central TB Research Institute of the Russian Academy of Medical Sciences (CTRI). CTRI is also the WHO Collaborating Centre.

In the project regions a number of training activities took place within the reporting period. Regular technical support and monitoring were provided jointly by specialists of the national TB research institutes and WHO.

Although the average treatment success rates among new sputum smear positive cases in the TB demonstration projects are higher than in the Russian Federation as a whole, they are still sub-optimal. This is mainly due to a high death rate (as a result of delayed TB diagnosis and advanced forms of the disease) and a high treatment failure rate (because of the high prevalence of multidrug resistance). The DGSR Office, in collaboration with partners from the oblasts, devised a study to collect information on risk factors responsible for the high failure and death rates and to plan interventions to decrease these indicators and thus improve the performance of the programme.

The high rate of MDR-TB contributes to the complexity of the TB control problem in the Russian Federation and necessitates additional efforts. A major constraint in the implementation of the DOTS-Plus pilot projects in Orel and Ivanovo Oblasts was the reservation of the MoH to approve the long-term use of second-line anti-TB drugs for the treatment of patients with MDR-TB. As a result of the joint efforts of WHO, CDC and USAID, permission to use second-line TB drugs in Ivanovo and Orel, according to approved protocols, was obtained. The chief phthisiatrist of the Russian Federation, Academician M.I. Perelman, recommended that the MoH allow the long-term use of second-line anti-TB drugs in Orel and Ivanovo Oblasts as an experiment.

In view of the rapid spread of HIV in the Russian Federation (including the sites of the TB demonstration projects) and its dramatic implication on the TB epidemic (especially MDR-TB), WHO and CDC urgently need to assist the Russian health authorities in targeting the dual problem and in developing a pilot model for TB/HIV control. Such a model will be implemented within the WHO/CDC TB control projects. In this regard CDC conducted a mission to Orel Oblast in October 2002. The federal and regional authorities concerned with the growing HIV/AIDS epidemic in the country have declared their support for this important activity.

3. Background information

3.1 Epidemiological situation

There were no major changes in the epidemiological situation during the reporting period, compared to the data presented previously.

The decline in the TB notification rate for several decades before 1990 has reversed and has more than doubled from 34.2 (in 1990) to 88.2 (in 2001) per 100 000 population, or more than 130 000 new cases in 2001. There has been a major increase in the TB mortality rate, which has nearly tripled and reached 20 per 100 000 in 2001 (one of the highest TB mortality rates in Europe). TB is the leading cause of death from infectious diseases in the Russian Federation. The TB notification rate in children has also doubled over the past ten years from 7.9 (in 1990) to 18.6 (in 2001) per 100 000 population, or more than 4500 children with TB in 2001.

The TB situation remains even more complex in correctional institutions where notification rates among prisoners are almost 30 times higher than in the civilian sector. In 2001 there were 2783 cases per 100 000 convicts and 1509 cases per 100 000 persons in detention centres.

3.2 Expansion of the WHO TB control strategy in the Russian Federation

In the Russian Federation as a whole, 26 territories are currently implementing TB control based on WHO recommendations in both the civilian and prison sectors in collaboration with the DGSR Office (see Figure 1). These activities are supported by 32 international organizations and technical agencies and 22 international donors. Population coverage with the WHO TB control strategy in the country is currently 24.6%.

The DOTS-Plus project for the management of MDR-TB patients started in Orel Oblast on 14 November 2002. This project is sponsored by WHO and CDC.

According to the data in the quarterly reports on treatment outcomes from 18 territories of the Russian Federation, the overall treatment success rate is 68%. An approximate comparison

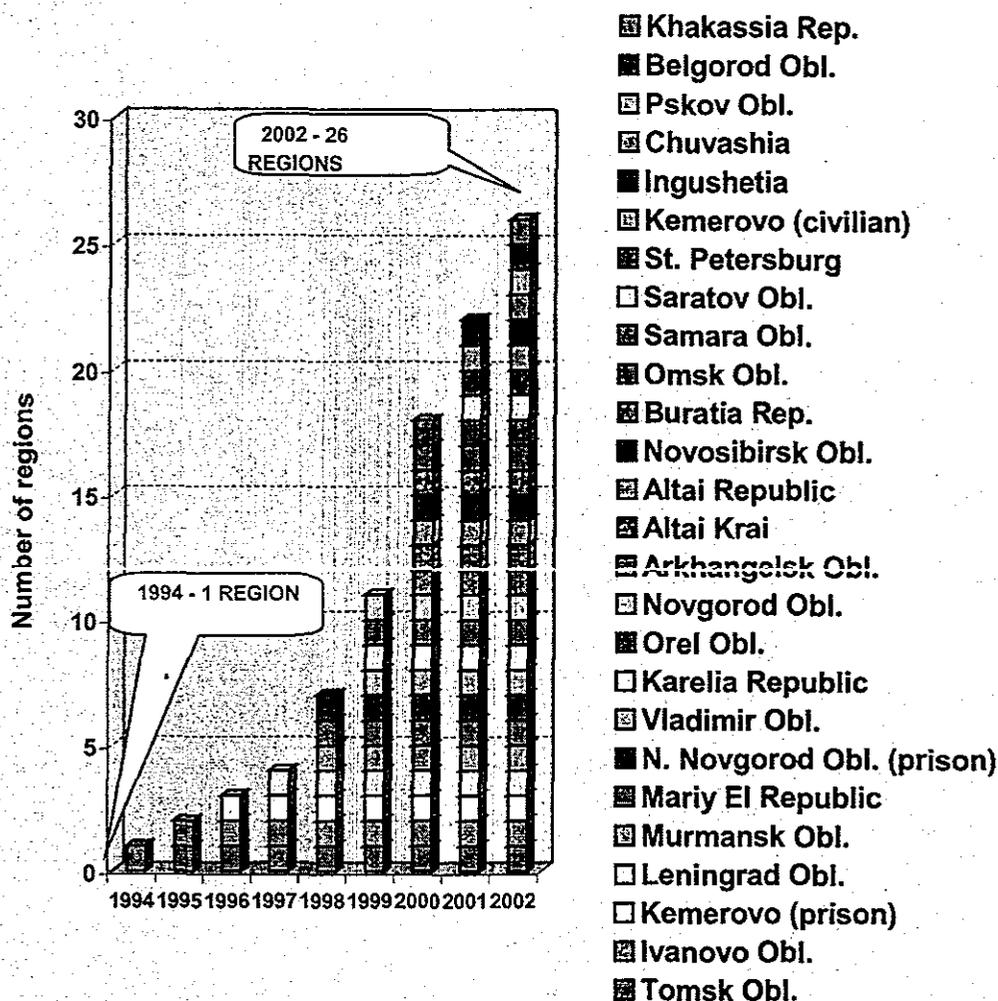
shows that treatment outcomes in the regions implementing the WHO TB control strategy are considerably better than in the Russian Federation as a whole, but are still sub-optimal due to a high death rate (8.6%), a high failure rate (10.5%) and a high default rate (8%). According to the quarterly reports, the high death rate is the result of delayed TB diagnosis and advanced forms of the disease. Failures are caused mainly by high MDR prevalence and treatment interruptions. Most defaulters are male alcoholics, the homeless and the unemployed. A study to evaluate the risk factors for treatment failures is planned. An unpublished study conducted by CDC from 1999 to 2001 showed a correlation between the high death rate and unemployment, homelessness, advanced forms of TB and severe non-TB pathology.

The political commitment of the Russian authorities to the WHO recommended TB control strategy is strong at the federal level. The recommendations developed by the different Thematic Working Groups (TWG) consisting of Russian and international experts have been approved by the MoH and were included in the new MoH Executive Order (Prikaz) on TB issued in December 2002. The draft of the new TB Prikaz was presented at the HLWG meeting on 18 October 2002.

The Russian authorities, in close collaboration with WHO, have prepared the necessary documents for the World Bank loan, which is intended to improve prevention, diagnosis and treatment of TB and HIV/AIDS in the Russian Federation.

At the regional level the Oblast Administrations in Orel and Ivanovo remain committed to the implementation of TB control activities following WHO guidelines. The Interdepartmental TB Control Commissions meet on a quarterly basis to discuss the most relevant TB control issues; WHO and USAID participate in these meetings. All the regional health care and political authorities are providing the necessary support for the sustainability of the projects.

Figure 1. Expansion of the WHO TB control strategy in the Russian Federation, 1994–2002



Following the recommendations of the HLWG (30 January 2002), the first meeting of the Interagency Coordination Committee on Tuberculosis (TB-ICC) in the Russian Federation was organized in Moscow in September 2002. This meeting was attended by representatives from the Government administration, the Ministry of Health (MoH), the Ministry Justice (MoJ), the Ministry of Economic Development and Trade, the Ministry of Finance of the Russian Federation, WHO, WB, CTRI and RIPP, international donor agencies, high level regional authorities, including health officials from the regions of the Russian Federation, and representatives from national and international technical agencies. In total 39 participants represented Russian official and scientific institutions and 51 participants represented international organizations.

The scientific and practical conference “New framework for TB control organization. Lessons learnt and exchange of experience gained from implementation of the pilot projects” was held at the Russian Academy of State Service, Moscow, 25-27 September 2002, under the auspices of the President of the Russian Federation. More than 200 representatives from several institutions participated in the meeting.

The HLWG held its 6th meeting in Moscow on 18 October 2002. This meeting was chaired by the Deputy Minister of Health, Ms Sharapova. A new TB Executive Order (Prikaz) of the MoH

was the main point of discussion. Academician Perelman stressed that this document comprised both Russian and international experience of TB control.

4. Project goals

1. To support the efforts of the Russian health services in decreasing the burden of TB in the Russian Federation by developing a comprehensive, effective and sustainable model TB control programme based on the WHO TB control strategy (DOTS and DOTS-Plus), which could be replicated by the Russian Government.
2. To strengthen the capacity of the national TB services at the federal and national levels.

5. Project objectives and justification

5.1 Project objectives

1. To obtain a bacteriologically confirmed cure rate of 75% or more for new sputum smear positive TB cases;
2. To detect 70% of expected cases of sputum smear positive TB;
3. To obtain sputum specimens from 100% of sputum producing pulmonary TB patients for smear, culture and drug susceptibility results, which will be used to guide treatment;
4. To provide directly observed treatment (DOT) using standardized short-course multidrug therapy for 100% of patients with newly diagnosed and previously treated tuberculosis.

5.2 Conditions for achieving project objectives

The conditions mentioned below, based on the experience of TB control in the Russian Federation, are essential for the achievement of project objectives:

- Organization of Interdepartmental TB Control Commissions in the regions;
- Adequate adherence to WHO TB control principles;
- Sufficient financing of the TB control projects;
- Cooperation between civilian and penitentiary TB services;
- Organization of regional and interregional training courses for TB specialists and participation of counterparts from designated oblasts and institutions in international training courses for TB specialists;
- Time-limited logistical support for the TB control projects in the regions;
- Mechanism for providing outreach and follow-up activities in order to facilitate patient adherence and improve treatment outcomes.

6. Target groups

1. TB patients in categories I, II and III, according to WHO definitions, in four designated oblasts and in category IV (MDR-TB) in Orel and Ivanovo Oblasts;

2. National TB control service personnel in four designated oblasts;
3. Designated federal TB research institutes.

7. Progress to date

7.1 Major achievements

Ivanovo Oblast

- Strong political support from the Governor of Ivanovo Oblast, who chaired the Interdepartmental TB Control Commission;
- Improved and stable treatment success rate for newly detected TB patients (72.9–72.5%) for the 2nd and 3rd quarters 2001;
- Low rate of treatment interruptions (0–2%);
- Successful collaboration between the civilian and prison sectors – 80% of released prisoners with TB reach the TB dispensary. Such a positive outcome is the result of the joint efforts of the regional TB services, Ivanovo Oblast UIN and the Russian Red Cross (RRC) programme for social support to ex-prisoners with TB.

Orel Oblast

- The DOTS-Plus project has started. Academician Perelman visited and positively evaluated the regional TB control programme. He also recommended that the MoH allow the use of second-line anti-TB drugs, according to approved treatment protocols;
- Measures on infection control have been implemented strictly and comprehensively;
- Default rate for the 2nd and 3rd quarters 2001 continues to be low (1.5–1.8%).

Vladimir Oblast

- Increased political commitment:
 - New building for the TB dispensary provided;
 - A new chief TB doctor trained in the United States in business administration has been appointed. He supports the WHO TB control strategy;
- Treatment success rate for newly detected TB patients is increasing (72–77%);
- Rate of bacteriological verification of TB diagnosis by sputum smear microscopy remains high in the civilian sector (50%);
- The interdepartmental programme of social support for patients has been working successfully; the default rate for newly detected TB patients decreased substantially from 8% (4th quarter of 2000) to 3% (3rd quarter of 2001). Released prisoners have been included in the programme since the 4th quarter 2002.

Chuvashia Republic

- The TB control project has started successfully;
- The first reports from Chuvashia were submitted. The registration of patients was performed correctly. There were no deviations from the standard treatment scheme;

- Commitment of the President of the Chuvashia Republic remains high.

Overall

- Successful collaboration between the civilian and prison sectors takes place in all four control projects, e.g. in Ivanovo 80% of released prisoners with TB reach the TB dispensary. This was a joint achievement of the regional TB services, the penitentiary TB service and the RRC programme of social support for prisoners and TB patients in Ivanovo Oblast, supported by USAID.

7.2 Training

Ivanovo Oblast

November 2002

From 11 to 12 November two training workshops on the management of TB at the district level were conducted for 60 pulmonologists (1 day) and 60 general practitioners (1 day). The training focused on epidemiological trends in Ivanovo Oblast, TB detection methods, and the role of laboratory services and health education in TB control.

Orel Oblast

July 2002

From 9 to 10 July two one-day seminars for nurses of the general health care (GHC) service took place. The seminars focused on TB detection and the role of nurses in TB control. Fifty trainees participated.

Vladimir Oblast

October 2002

On 29 October a training seminar was conducted for 54 pulmonologists and general practitioners on the management of TB at the district level. The training focused on epidemiological trends in Vladimir Oblast, methods of TB detection, and the role of laboratory services and health education in TB control and GHC.

Chuvashia Republic

June 2002

From 3 to 7 June a training course for all phthisiologists in the region was conducted by trainers trained during the interregional WHO/CDC course "Managing TB at the district level", which was held from 27 to 31 May 2002. The participants were 60 TB clinicians from Chuvashia Republic. The training was facilitated according to the new WHO training modules.

7.3 Outreach and follow-up

Ivanovo Oblast

The implementation of a comprehensive Case Management Plan for Ivanovo Oblast is ongoing. The default rate remains low (1.7 % in the 2nd quarter of 2001 and 0% in the 3rd quarter of 2001). 2267 food parcels were distributed during the reporting period.

Mr Dan Ruggiero, CDC Project Officer, conducted an evaluation mission to Ivanovo in February/March 2002. The mission concluded that the efficiency of the Case Management Plan was decreasing. A proposal was therefore made to increase the cost of the food package up to

200 roubles per month and to provide a 500 rouble bonus at the end of treatment. Funding of the Case Management Plan increased partially in the 4th quarter of 2002, according to the plan. The Interdepartmental TB Control Commission chaired by the Governor in May 2002 made a decision to increase funding for the nutrition of TB patients up to a total of 850 000 roubles. The allocation of funds started on 1 September 2002.

Orel Oblast

During the reporting period the joint RRC/IFRC/WHO activities on social support and education for TB patients in Orel Oblast continued successfully. The second stage of the project was completed on 31 August 2002.

It was agreed that the project should continue with the same goal and objectives. One more district (rayon) has been enrolled in the project. Overall the project has been implemented in 19 out of 24 rayons of the oblast, including Orel city.

The reporting period (June–November 2002) includes activities undertaken within the second stage of the joint WHO-IFRC project implementation (September 2001–August 2002).

Out of the 315 TB patients included in the project, 93 (30%) belonged to socially marginal groups, of which 52% were unemployed and 59% were alcoholics.

- The number of TB patients, together with those continuing treatment, was 406 by the end of August 2002;
- Out of these patients, 223 (55%) received DOTS under observation by RRC visiting nurses, while the other 183 (45%) were under the control of TB service staff;
- All TB patients within the RRC programme received social support: 9467 protein kits, 1506 food parcels and 740 hygiene kits were distributed;
- Patients were provided with psychological and legal counselling with emphasis on support for prisoners and ex-prisoners in order to facilitate their reintegration into civilian society and treatment adherence;
- The RRC Committee in Orel organized a number of activities aimed to raise public awareness of TB/HIV/AIDS/healthy lifestyle issues, such as:
 - Organization of World TB and AIDS days;
 - Participation in a round table for social organizations in Orel;
 - Development and distribution of new information materials, including a booklet devoted to the 135th anniversary of the RRC;
 - Oblast events devoted to the 135th anniversary of the RRC;
 - Health education lectures and public events for teenagers in schools and in a prison;
 - Advocacy for internationally approved principles of TB control (in collaboration with the regional health authorities).

Major achievements during the second stage were as follows:

- In total the project covered 85% of all newly detected TB patients in the oblast;
- Indicators of treatment effectiveness among TB patients under RRC supervision remain high and account for 85–100%;

- There were no cases of default among TB patients enrolled in the Red Cross social support programme within the reporting period;
- The project continued to perform well on the basis of previous experience;
- The rate of defaulters for all newly detected pulmonary TB patients in the region continues to be low (close to 2%);
- New activities (legal and psychological counselling for TB patients) proved to be useful and effective;
- A new agreement was signed between the Oblast Red Cross Committee and the Oblast Administration on collaboration in the social sphere in 2001–2005. 100 000 roubles for the development of the Visiting Nursing Service (VNS) were allocated from the regional budget.

Difficulties and challenges

Despite some success with local fundraising, the project cannot be sustained without external support. However, a gradual decrease in project costs is planned in order to achieve maximum cost-effectiveness.

Next steps

- A new proposal for continuation of the project for the third stage (September 2002–August 2003) has been submitted by IFRC/RRC to WHO;
- The RRC will take part in a new TWG on social support for TB patients in the framework of the HLWG, which will consolidate the lessons learnt from the three-year Red Cross programme, and its recommendations will be incorporated into the Russian national TB policy.

Vladimir Oblast

The programme of social support for TB patients provided in collaboration with the Department of Social Protection of the Oblast Administration is ongoing. Food parcels for TB patients have been procured and distributed to all rayons through the Rayon Administrations. One food parcel per patient per month is provided at a cost of 200 roubles per parcel. 715 food parcels were distributed from June to September 2002 (1056 food parcels were distributed from the beginning of the programme up to September 2002). The programme of social support helps to keep the default rate as low as 3%.

Chuvashia Republic

The Republican Ministry of Social Protection requested the Government to allocate US \$47 700 for reimbursement of the travel expenses of TB patients. This proposal is awaiting approval by the Chuvashia Government. A model for a social support programme is being developed, i.e. a practical mechanism to help with financial distribution and the cost and quantity of incentives and enablers for patients and staff. The social support programme is planned to start in the 1st quarter of 2003.

7.4 Logistical support and procurement of goods and services

In order to ensure the implementation of the DOTS and DOTS-Plus strategy, WHO continued to provide the four participating territories (Orel, Vladimir, Ivanovo and Chuvashia), as well as CTRI/RAMS, with specific goods and services.

Laboratory equipment and supplies

Laboratory equipment and supplies for Orel, Vladimir, Ivanovo and CTRI projects have been procured through a sealed bid procedure. The Vladimir and Ivanovo TB penitentiary systems were supplied with all necessary laboratory items, including consumables, according to a standard laboratory list. The penal TB services in Vladimir and Orel were supplied with binocular microscopes.

The civilian TB services of the above-mentioned territories and CTRI were supplied with essential consumables (glassware, chemical reagents, pure drug substances for DST) in order to support the ongoing laboratory components of the projects for approximately one year. In response to an additional request, the CTRI laboratory was equipped with inspissators. The delivery of Biological Safety Cabinets (BSC) to Vladimir has started.

Anti-TB drugs

With the permission of the Green Light Committee, the WHO TB Programme delivered capreomycin and cycloserine from Médecins Sans Frontières (MSF) and Transfer (Belgium) for MDR and category II TB patients in Orel Oblast.

Drug and supply management

Following an analysis of the drug stock reports received from the project regions for the 2nd and 3rd quarters of 2001, it was decided not to effect full-scale drug procurement during 2002. All the oblasts have a stock of first-line anti-TB drugs for at least 2 cohorts.

Office equipment

Office equipment was supplied to the Chuvashia TB Dispensary (CTBD), the UIN Medical Department and the Chuvashia Post-Graduate Medical Institute (PGMI), which are responsible for continuous education.

The CTBD was supplied with three computers, a printer, a television and a video cassette recorder. The UIN Medical Department was supplied with a computer and a printer. The PGMI was supplied with a computer, a printer, a television, a video cassette recorder, an overhead projector and office furniture.

Car procurement

A "GAZEL" minibus was delivered to the UIN sector of Vladimir for monitoring missions to districts (rayons) and the transportation of sputum slides and sputum samples to the central laboratory.

Two cars were procured for Chuvashia to facilitate monitoring missions to rayons and the transportation of sputum slides and sputum samples to the central laboratory for culture and tracing of defaulters.

One "VOLGA" car was purchased for CTRI.

7.5 CDC technical assistance in collaboration with WHO

June 2002

From 27 May to 16 June Dr E. Vitek, Public Health Specialist, Division of TB Elimination (DTBE), and Mr N. DeLuca, Chief TB Health Education Specialist, DTBE, visited Chuvashia in the framework of the interregional training course on the "Management of TB at district level" (see USAID progress report number 5).

June–July 2002

From 20 June to 7 July a team of specialists from CDC/National Institute for Occupational Safety and Health (NIOSH) conducted a follow-up visit to assess the implementation of infection control measures within the Ivanovo and Orel TB control projects.

An assessment mission to Chuvashia was carried out to evaluate infection control measures within the TB control project. The team consisted of P. Jensen and Mr E. Moyer, NIOSH engineers.

June–September 2002

Mr G. Aquino, CDC Public Health Adviser, was based in the Russian Federation from 4 June to 17 September) in order to ensure close coordination between CDC and WHO from the CDC side. The major directions for CDC activities were the DOTS-Plus project in Orel, drug resistance surveillance in Orel and Ivanovo, the development of TB rapid diagnostic methods in Orel and Ivanovo, and the establishment of CDC collaboration in Chuvashia.

August 2002

Ms R. Waltenburg, MPH candidate, performed a qualitative and quantitative study in Ivanovo to analyse the reasons for the sub-optimal performance of the patient support programme. The preliminary results suggested that a considerable number of TB patients and even some health personnel were not fully aware of the conditions under which the food parcels have been distributed (compliance with treatment).

September 2002

Mr P. Dewan, Epidemiologic Intelligence Service (EIS) officer, followed the ongoing epidemiological study on the prevalence of TB in the prison sector of Orel Oblast. O. Ferrousier, CDC Health Economist, worked on the cost-effective component of this study in Orel.

Dr K. Castro, Director of DTBE, National Center for HIV, STD and TB Prevention, CDC, and Dr P. Cegielski, Medical Epidemiologist, DTBE, gave presentations at the meeting of the ICC and the DOTS conference (24–27 September).

November 2002

From 9 to 26 November NIOSH specialists P. Jensen and Mr E. Moyer conducted a follow-up visit on the implementation of infection control measures in Ivanovo, Orel and Chuvashia TB control projects. The visit focused on engineering and individual measures for infection control and protection. The options of ventilation and UV radiation in TB facilities were discussed. Follow-up information on mask fit-testing and distribution activities was collected.

From 17 to 21 November Dr P. Cegielski visited Orel Oblast in order to discuss activities in the framework of the DOTS-Plus project.

7.6 Federal level activities

International Coordination Committee on Tuberculosis meeting, 24 September 2002

This meeting was jointly organized by the MoH and WHO. In July 2002 an organizing committee for the meeting was formed with representatives from the MoH, MoJ, WHO, CTRI and RIPP. The Presidium of the TB-ICC meeting was composed of representatives from the MoH, MoJ, WHO headquarters, the DGSR Office and CDC.

The main objectives of the meeting were to:

1. discuss the establishment of the TB-ICC in the Russian Federation, its mandate and structure;
2. strengthen partnerships within TB control activities in the Russian Federation and to improve coordination among national and international agencies, donors and high level officials and health administrators in the Russian Federation;
3. propose recommendations for TB-ICC activities within the HLWG and discuss the resolution of the TB Interagency Coordination Committee.

The meeting was organized in three sessions. During the morning session nine presentations were given by national and international lecturers, representing the MoH, MoJ, WHO headquarters, CDC, WHO Regional Office for Europe and the DGSR Office. The Governor of Ivanovo Oblast made a presentation on progress in TB control activities in the region.

A press conference was arranged for 17 representatives from the mass media.

During the afternoon session the three working groups discussed the objectives and the TB-ICC Resolution. The plenary session was chaired by Dr Mikko Vienonen, WHO Special Representative of the Director-General in the Russian Federation. Each working group presented its recommendations to the plenary session.

The following working groups were established:

Group A: National governmental and nongovernmental organizations. *Chairperson:* Dr Natalia V. Antonova, Deputy Head of the Specialized Medical Care Division, Department of Medical Care Organization, MoH.

Group B: International donors. *Chairperson:* Dr Nikita Afanasiev, TB Control Programme Manager, Health Division Office of Social Sector Restructuring, USAID.

Group C: International technical implementing agencies. *Chairperson:* Dr Wieslaw Jakubowiak, Coordinator, WHO TB Control Programme in the Russian Federation.

The meeting concluded that the WHO recommended TB control strategy has proven to be effective and should therefore be integrated with the existing TB control structure of the Russian Federation. The HLWG was announced as a unique mechanism for exchanging professional views and revising the national TB policy.

It was decided to establish a TB-ICC in the Russian Federation under the auspices of the HLWG. The TB-ICC will be a mechanism for coordinating joint efforts to support the national TB control programme and will provide a forum for sharing TB-related experience and information

among members. TB-ICC members agreed to provide the necessary information on the implementation of the TB control projects in the Russian Federation.

Scientific and practical conference "New framework for TB control organization. Lessons learnt and exchange of experience gained from the implementation of the pilot projects" 25–27 September 2002

The objectives of the conference were to:

1. present the current TB epidemiological situation in the Russian Federation and to analyse the implementation of the WHO recommended TB control strategy in the Russian Federation;
2. discuss and develop recommendations on the effective integration of WHO TB control approaches adapted by the HLWG into the national programme on TB care delivery in the Russian Federation;
3. discuss and develop mechanisms and criteria for evaluation of the current TB pilot projects;
4. improve coordination of the technical agencies and donors in TB control activities in the Russian Federation.

The conference was chaired by Dr Stukolova, Deputy Minister of Health of the Russian Federation. Dr J.W. Lee, then Director, Stop TB, WHO headquarters, Academician Pokrovsky, President of the Russian Academy of Medical Sciences, Dr Vienonen and Academician Perelman participated in the opening ceremony.

The presentations were devoted to the practical experience, challenges and achievements of TB control measures in the Russian Federation.

During the first session of the conference the leading specialists of the MoH and MoJ, CTRI, RIPP and WHO presented the outcomes and perspectives for the delivery of TB services to the population of the Russian Federation, 2002–2006.

In the second session representatives from the different pilot territories reported on the new TB control approaches, based on the WHO TB control strategy and adapted to the situation in the Russian Federation.

In the third session the heads of the medical departments and chief phthisiologists of the regional departments of the Sentence Execution System of the UIN reported on the effectiveness of the pilot projects in penitentiary institutions in the Russian Federation.

The fourth session was devoted to a discussion on the role of international and nongovernmental organizations in the TB pilot projects.

The four working groups discussed the following topics:

Group 1: Role of the TB pilot projects in the expansion of WHO TB control recommendations in the Russian Federation (Professor V. Erokhin, Dr W. Jakubowiak, Dr N. Antonova, Dr A. Kononets, Professor S. Borisov).

- Group 2:** Evaluation criteria for implementation of WHO TB control recommendations (Dr H. Kluge, Dr S. Safonova, Dr L. Rybka, Professor Bogadelnikova, Professor V. Punga, Dr M. Salfinger).
- Group 3:** Cohort analysis in implementation of WHO TB control recommendations: recording, evaluation of treatment outcomes, reliability of data (Dr. I. Danilova, Dr L. Mikhailova, Dr E. Belilovsky, Dr E. Putova, Professor M. Shilova).
- Group 4:** Continuity in implementation of TB control activities in the civilian TB services, the penitentiary system and relevant departments (Dr M. Dara, Dr L. Kapkov, Dr S. Sidorova).

The participants approved the results and experience gained from the implementation of international programmes in the pilot regions of the Russian Federation and recommended that they be replicated in other regions. The current positive trends testify not only to the success achieved, but also to the need to strengthen the logistic and personnel support of the country's TB services and to promote better organizational and methodological activities in the territories of the Russian Federation.

6th Meeting of the High Level Working Group on Tuberculosis in Russia, 18 October 2002

The main point of discussion at this meeting was the new TB Executive Order (Prikaz) of the MoH. The HLWG members also touched upon the issue of strengthening the coordination of TB control activities performed by various international organizations and agencies in the Russian Federation. It was suggested that WHO act as a coordinator for all TB control related activities in the Russian Federation.

Dr Lee, WHO headquarters, Dr Magnusson and Dr Zaleskis, WHO Regional Office for Europe, Dr Vienonen, DGSR, Dr Shernega, Council of Europe, and Professor Erokhin, CTRI, agreed that the HLWG is a very effective mechanism for collaboration.

World Bank mission to the Russian Federation

17–28 June 2002

The mission was composed of Dr Olusoji Adeyi (Health Programme Team Leader), Mr John Langenbrunner (Senior Health Economist), Dr Daniel Miller (Senior Health Specialist), Dr Jan Bultman (Leading Health Specialist), Mrs Maria Gracheva (Operations Officer) and Ms Tatyana Loginova (Operations Officer). They focused on negotiations for the WB loan (approximately US \$150 million) for TB and HIV/AIDS, and related health policy activities of the WB in the Russian Federation.

It was noted during the closing meeting that negotiations with the Government had been successful and in the event of a positive decision, the loan could become active later in 2002. A draft letter had been prepared for Dr Vyalkov, Deputy Minister, to propose that WHO act as a monitor of the TB component.

Interregional international conference "Tuberculosis – old problem in new millennium", Novosibirsk

1–5 July 2002

This conference provided a good opportunity for a fruitful exchange of experience for up to 250 TB scientists from all over the Russian Federation.

The Novosibirsk TB Research Institute presented its scientific achievements. Dr Jakubowiak discussed the possibilities for DOTS expansion in Siberia and the Far East. Mr L. Drachevskiy, Special and Authorized Representative of the President of the Russian Federation in the Siberian Federal District, participated in the work of the conference.

8. Management and monitoring

8.1 Management

One international TB project manager is responsible for implementation and monitoring under the supervision of the TB programme coordinator. The TB project manager is assisted in project implementation and evaluation, procurement and customs clearance of imported goods by four TB project assistants (three TB project assistants from 24 September 2002) and a part-time technical clerk dealing with supply and procurement issues. A financial assistant and a part-time office administrator support the project on financial and administrative issues.

In October all TB assistants participated in a training course on the organization of TB control at the district level.

8.2 On site monitoring and technical assistance

Ivanovo Oblast

June 2002

From 24 to 28 June an independent team of experts from USAID, Washington DC, performed a mid-term evaluation of the WHO TB demonstration project. The mission's objectives were to evaluate the status of DOTS implementation and draw up recommendations for USAID and its partners in the Russian Federation. A WHO mission to Ivanovo took place in order to discuss the objectives of the USAID mission with the staff.

August 2002

From 28 to 30 August a computer patient database was installed in Ivanovo prison sector with subsequent training of the staff. The installation and training were carried out by two specialists representing Ivanovo TB Dispensary and Ivanovo Health Department.

September 2002

From 2 to 13 September a joint WHO/CTRI/MoJ monitoring mission to the civilian and prison sectors was carried out to evaluate the performance of the project.

Cohort analysis was performed for the 2nd and 3rd quarters of 2001 (treatment outcome), the 2nd and 3rd quarters of 2002 (case finding) and the 1st and 2nd quarters 2002 (sputum conversion). Patient treatment cards were checked in the TB departments of the regional dispensary, two districts and several penitentiary establishments, including TB Colony 8 in Talitsa.

For the first time since the introduction of the WHO TB strategy in 1995, a stabilization in the sputum conversion rate (85.2–85.4%) and treatment success rate (72.9–72.5%) was reported. The rate of sputum smear positive patients among all newly detected TB patients remains low; however, a positive trend can be observed (29–44–46.7%). The failure rate remains high (16.9–11.7%) and the death rate is unstable.

In the penitentiary sector the treatment success rate in the 2nd quarter of 2001 decreased to 50% (the number of patients, six, is not statistically significant). The rate of sputum smear positive patients among all newly detected TB patients in the 2nd and 3rd quarters of 2002 remains very low (20–11.4%).

The Governor of Ivanovo Oblast, Mr Tikhonov, gave a presentation at the ICC meeting on 24 September in which he described the epidemiological trends in Ivanovo Oblast as compared to those in the Russian Federation, and focused on the goals and objectives of the joint TB control programme.

October 2002

From 28 October to 1 November an exchange visit was organized by a group of health officials and TB specialists from the Republic of Ingushetia to the Ivanovo TB control project. During the visit there were a number of lectures and site visits that provided practical information on different aspects of the regional TB control programme.

November 2002

On 19 November the 3rd Interdepartmental TB Control Commission chaired by the Governor of Ivanovo oblast took place. The Health Commissioner reported that the funding for patient meals had been increased to 30–40 roubles per day. Reimbursement for patient travel to the place of treatment is continuing. Kineshma Dispensary had experienced difficulties with moving to a new building that conformed to sanitary requirements. It is planned to allocate US \$328 500 from the regional budget for the renovation of Ivanovo TB Dispensary, Ivanovo TB Hospital and rayon TB dispensaries.

Orel Oblast

June 2002

From 18 to 21 June an independent team of experts from USAID, Washington DC, performed a mid-term evaluation of the TB demonstration project. The mission's objectives were to evaluate the status of DOTS implementation and draw up recommendations for USAID and its partners in the Russian Federation. A WHO mission to Orel took place to discuss the objectives of the USAID mission with the staff.

From 25 to 27 June the MEASURE evaluation mission visited the Orel project in order to develop measurable indicators and evaluation criteria for TB control projects worldwide. This mission was conducted on the initiative of USAID. The existing monitoring, recording and reporting systems of the Orel TB service were evaluated. Drs Stephanie Mullen, Technical Adviser of the MEASURE evaluation, United States, and Annelies Van Rie, Assistant Professor, University of North Carolina, carried out the mission.

July 2002

From 22 to 26 July a joint WHO/CTRI/MoJ monitoring mission to the civilian and penal TB control sectors was carried out to evaluate programme performance.

Cohort analysis was performed covering the 2nd and 3rd quarters of 2001 (treatment outcomes), the 1st and 2nd quarters of 2002 (sputum conversion) and the 2nd and 3rd quarters of 2002 (case finding). Patient treatment cards were checked in the TB departments of the regional dispensary and two districts.

September 2002

From 9 to 13 September a WHO monitoring mission (Dr I. Danilova, TB Project Assistant) took place, which confirmed the satisfactory performance of the regional TB service on detection and treatment of TB patients. Good organization of DOTS, the incentives system for patients, and the treatment interruption follow-up system led to a low default in the 3rd quarter of 2001 (1.8%). Treatment interruptions in the ambulatory phase (for 2-7 days) were also at a very low level.

However, the detection and treatment of patients in the GHC system needs to be improved. GHC physicians lack awareness of TB among their patients. Due to this, sputum smear microscopy is not used actively, so the skills of laboratory technicians are not always satisfactory. Late TB detection is one of the important factors affecting treatment success rates.

Vladimir Oblast

July 2002

From 22 to 26 July a WHO/CTRI monitoring mission was performed to observe the TB control project in the civilian sector. It was acknowledged that there were positive trends in the work of the programme. Microscopy diagnostic procedures are standardized. However, in some GHC facilities sputum smear microscopy is not used. The percentage of defaulters has been decreasing from 8% in the 4th quarter 2000 to 3% in the 3rd quarter of 2001, as a result of joint efforts of the regional TB service and WHO. In April 2002 a social support programme was established in the region funded by the Oblast Administration.

October 2002

On 1 October Dr Volchenkov was appointed as the new chief TB doctor.

From 7 to 11 October a WHO/CTRI monitoring mission took place to the regional TB control programme (civilian). Positive trends in the programme's performance were noted: the moving of the TB dispensary to a new building and a considerable decrease in the number of patients who interrupted their treatment for 2-7 days (this interruption rate amounts to no more than 3%). However, there are difficulties with communication in the oblast and a mechanism for distribution of food packages needs to be developed. There are also delays in patient admissions.

Chuvashia Republic

June 2002

On 24 June the Protocol of Intentions on the joint TB control project between the Government of Chuvashia Republic and WHO was signed by the President of the Republic on the Chuvash national holiday in the presence of WHO and representatives of the USAID mission in the Russian Federation: Ms K. Pelzman, Chief, Health Division, and Dr N. Afanasiev, Project Management Specialist, Health/Pharmaceuticals. High-level representatives from CDC and RIPP also participated in the ceremony.

July 2002

On 1 July the joint TB control project in Chuvashia Republic started with the enrolment of the first cohort of TB patients.

August 2002

The recording/reporting forms were printed and supplied to the Chuvashia TB control project.

September 2002

Renovation of the bacteriological laboratories at the Republican TB Dispensary, Kanash Central Rayon Hospital, and Novocheboksary TB Dispensary took place and infection control measures were introduced. These activities were funded from the regional budget.

November 2002

From 11 to 15 November the first WHO/RIPP monitoring mission to Chuvashia Republic took place. The Republican Government considerably increased the budget allocations for the Republican TB Dispensary. Certain budget lines had a 75% increase, indicating the growing support of the Chuvashia authorities. Civil and prison TB doctors displayed a good knowledge of the technical protocol.

From 19 to 20 November Dr E. Belilovsky, RIPP, visited Chuvashia. During the visit Dr Belilovsky installed software designed for preparation of reports on TB surveillance and treatment outcomes in accordance with the national regulations, as well as with WHO recommendations. An analysis of the compatibility of the existing database with the new TB software was performed.

9. Local coordination

One of the principal WHO partners in the TB Control Programme in the Russian Federation is the Research Institute of Phthisiopulmonology at the Sechenov Moscow Medical Academy. The scope of activities of this institution defines its leading role in the national TB policy. It is also providing technical assistance to WHO in the implementation of the TB demonstration project in Chuvashia Republic.

Another important WHO partner is the Central TB Research Institute of the Russian Academy of Medical Sciences. This institution provides technical assistance to the WHO TB projects (monitoring and training) and performs proficiency testing in the oblast laboratories. A possible USAID grant and WHO technical support for this institution would allow the strengthening of the national TB programme at the federal level, including supervision, training and laboratory service management.

Monthly meetings are held with CTRI and RIPP to update and coordinate activities.

The DGSR Office ensures close coordination with the other technical agencies and donors involved in TB control in the Russian Federation through the mechanism of bilateral cooperation and monthly TB coordination meetings held at the WHO Office.

There is close coordination with the agencies working in the same regions, such as the RRC in Ivanovo and IFRC/RRC in Orel Oblast.

Interregional coordination

June 2002

From 15 to 19 June Dr I. Danilova, WHO TB Programme Assistant, visited Altai Krai in order to assess the TB control programme implemented by Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) (Agency for Technical Cooperation, Germany), together with Dr L.

Trnka (GTZ consultant) and Dr A. Knigge (GTZ Coordinator in Altai Krai). This programme has had a positive impact and encompasses a huge territory with many administrative units. However, it was noted that the coordinating council was not very active. The Oblast TB Dispensary supervisors were advised to carry out more frequent monitoring missions from the oblast level to the districts. It was also recommended to improve control of sputum smear bacterioscopy and treatment.

September 2002

From 5 to 9 September Dr Kluge, WHO TB Programme Manager, participated in the 4th Medical Assembly of the Transpolar Region and Extreme North Communities Union in Yakutsk. The assembly was devoted to "Medical problems of the children in the north", following the decision made during the 3rd Medical Assembly held in Murmansk, 31 May–2 June 2001. The assembly aimed to strengthen collaboration with the WHO TB control programme and to establish a DOTS pilot project in Komi Republic.

During the Expert Council meeting on the problems of healthcare of northern inhabitants by the Transpolar Region and Extreme North Communities Union, WHO agreed to support an exploratory mission to Komi Republic in cooperation with CTRI and organization of the first training course for TB coordinators of Komi Republic. Dr Kluge gave a presentation at the assembly on "What does DOTS mean for the Russian Federation?"

October 2002

From 30 October to 2 November the WHO TB Programme Manager participated in the visit of the Green Light Committee from WHO headquarters to assess the preparedness of the international TB control project in Kemerovo Oblast to start the DOTS-Plus project for the management of MDR-TB in the prison system.

November 2002

From 18 to 19 November Dr Dmitry Pashkevich, National Professional Officer and WHO TB Programme Assistant, participated in the official launch of the joint RRC/IFRC/USAID TB control project in the Republic of Khakassia in order to strengthen the links with the USAID-funded TB control programmes that are being implemented by other agencies.

The WHO representation was positively evaluated by Mr Lebed, Governor, Dr Burnakova, Minister of Health of Khakassia, Mr Boyarinev, Chief of Khakassia UIN, Ms German, Chairperson of the RRC branch in Khakassia, and other officials.

International events

June 2002

From 3 to 5 June the WHO TB Programme Manager participated in the 4th World Congress on TB, Washington DC, at which there was a poster presentation on "Expansion of the WHO TB control strategy (DOTS) in the Russian Federation".

From 7 to 12 June eight representatives from the Russian Federation (RIPP – 3, CTRI – 2, UIN Orel – 1, UIN Nizhny Novgorod – 1, GUIN – 1) participated in the 8th Wolfheze Workshop on Tuberculosis Control in Europe designed for programme managers.

October 2002

From 5 to 6 October 2002 the WHO TB Coordinator for the Russian Federation and the WHO TB Programme Manager, together with a high-level delegation from the MoH, gave a poster

presentation at the 3rd meeting of the Stop TB DOTS Expansion Working Group in Montreal, Canada.

From 6 to 10 October the DOTS Expansion Working Group was followed by the 33rd IUATLD World Conference on Lung Health.

From 11 to 12 October the WHO TB Programme Manager presented the perspective of the Russian Federation at the “Stop TB, fight poverty” satellite symposium in Montreal, Canada.

From 14 to 25 October Dr Ludmila Mokhireva, Chief TB Doctor of Chuvashia Republic, participated in the WHO/KNCV Regional Training Course on TB Control Programme Management for national TB programme managers from the countries of the former Soviet Union and eastern Europe. The training took place at the WHO TB collaborating centre for training in Warsaw, Poland.

The WHO TB Programme Manager lectured at this course on “Implementation of the WHO TB control strategy in the Russian Federation’s penitentiary system”.

10. Difficulties and challenges

1. The alarming and rapid spread of HIV infection in the Russian Federation, including the demonstration project sites, has potential dramatic implications for the TB situation, especially in the context of high levels of MDR-TB;
2. There is still insufficient national ownership of the TB control projects at federal level and in the regions, which would allow activities to continue without external support and ensure the sustainability of the programme;
3. Lack of federal capacity for monitoring, supervision and laboratory activities;
4. High failure and death rates caused by late detection of TB patients and refusal to admit unregistered patients to hospital, except in an emergency;
5. Unsatisfactory work of the laboratory service in the Vladimir civilian sector (poor conditions of facilities), Ivanovo UIN (needs further investigation) and Chuvashia civilian sector (needs additional training and equipment).

11. Future plans/next steps

11.1 Federal/national level

- To contribute to the TWG on surveillance, social support and TB/HIV, using the practical experience of the TB demonstration projects;
- To continue to advocate the role of the WHO TB projects as training and demonstration sites for DOTS expansion in the Russian Federation supported by the World Bank loan for TB/HIV;
- To evaluate the first DOTS project (Tomsk Oblast) in the Russian Federation together with the MoH and MoJ and the corresponding TB research institutes;

- To use the USAID grant for training and education to strengthen the federal capacity for supervision and monitoring;
- To organize a training course on surveillance for all pilot regions in the country in order to facilitate better data collection;
- To organize a drug management training course at both the federal and regional levels.

11.2 Regional level

Orel Oblast

- To carry out the first training course on DOTS-Plus (management of MDR-TB patients) during the week of 16 December 2002 and launch the DOTS-Plus programme officially during the week of 23 December 2002;
- To purchase teaching equipment for the TB demonstration centre;
- To establish a working group with the MoH, MoJ, TB research institutes, IFRC and WHO to examine the lessons learnt from the joint programme with IFRC/RRC on social support and patient education.

Ivanovo Oblast

- To continue providing technical support to the process of centralization of laboratory TB services;
- To make an application to the Green Light Committee to receive second-line anti-TB drugs at concessionary prices through pooled procurement in order to start the DOTS-Plus project for the management of MDR-TB.

Vladimir Oblast

- To assist the counterparts in infection control;
- To include the prison sector in the social support plan;
- To start a systematic quality control system of laboratory performance in prisons.

Chuvashia Republic

- To start the procurement of microscopes and strains for development of sputum smear microscopy;
- To plan the first training course for laboratory coordinators of the TB service and the general health care system;
- To make a comprehensive list of laboratory equipment for bacteriological laboratories in the civilian and prison services.

All regions

- To assist the regional counterparts with infection control measures to protect staff and patients in close collaboration with CDC;
- To assist the prison authorities in Ivanovo and Vladimir with the proper use of second-line anti-TB drugs supplied by the MoJ;
- To investigate the reasons for the increased failure and death rates recorded in the course of the latest two cohort analyses;

- To organize the quarterly directors' meeting for chief TB doctors of both the civilian and prison services to discuss the perspectives of the programme;
- To invite an external consultant to evaluate the basic epidemiological data on prisons in Ivanovo and Vladimir and develop recommendations on the strengthening of the programme;
- To prepare the first publication on "Lessons learnt from DOTS implementation in three TB demonstration projects: Ivanovo, Orel and Vladimir Oblasts".

Attachment 1. Epidemiological Data on TB Case Finding in Ivanovo, Orel, Vladimir Oblasts and Chuvashia Republic, civilian and prison sectors

Ivanovo Oblast – 2000

TB Case Finding

Civilian sector

	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 – 2000		Quarter 4 – 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	223		127		157		93	
Number of smear positive (NEW)	48	21.5%	56	44%	59	38%	53	57%
Number of registered patients (Relapses)	15		19		42		33	
Number of smear positive (Relapses)	15	100%	3	16%	19	45%	19	58%
Number of all registered patients (Extra-pulmonary)	21		16		38		25	
Total cases registered	259		162		237		151	
Total cases - 2000	809							

Ivanovo Oblast – 2001

TB Case Finding

Civilian sector

	Quarter 1 – 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%						
Number of registered patients (NEW)	243		140		113		106	
Number of smear positive (NEW)	60	25%	59	42%	51	45%	63	59%
Number of registered patients (Relapses)	33		37		22		24	
Number of smear positive (Relapses)	13	40%	23	62%	11	50%	8	33%
Number of all registered patients (Extra-pulmonary)	24		21		22		19	
Total cases registered	300		208		157		149	
Total cases - 2001	814							

Ivanovo Oblast – 2002

TB Case Finding

Civilian sector

	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	187		138		122			
Number of smear positive (NEW)	55	29%	61	44%	57	47%		
Number of registered patients (Relapses)	25		21		16			
Number of smear positive (Relapses)	12	48%	14	67%	7	44%		
Number of all registered patients (Extra-pulmonary)	14		15		23			
Total cases registered	226		174		161			
Total cases - 2002								

Ivanovo Oblast – 2001

TB Case Finding

Prison service

	Quarter 1 – 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%						
Number of registered patients (NEW)	71		55		64		58	
Number of smear positive	17	24%	6	11%	16	25%	9	15.5%
Number of registered patients (Relapses)	33		37		27		16	
Number of smear positive	12	36%	14	38%	7	26%	2	12.5%
Number of registered patients (Extra-pulmonary)	1		-	-	1		2	
Total cases registered	105		92		92		76	
Total cases - 2001	365							

Ivanovo Oblast – 2002

TB Case Finding

Prison service

	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	37		20		39		52	
Number of smear positive	8	22%	4	20%	4	10%	16	30%
Number of registered patients (Relapses)	16		14		5		13	
Number of smear positive	6	37.5%	10	71%	2	40%	2	15%
Number of registered patients (Extra-pulmonary)	1		-		-		2	
Total cases registered	54		34		44		67	
Total cases - 2002	199							

Orel Oblast - 1999

TB Case Finding

Civilian sector

	Quarter 1 - 1999		Quarter 2 - 1999		Quarter 3 - 1999		Quarter 4 - 1999	
	Abs. number	%						
Number of registered patients (NEW)							121	
Number of smear positive							44	36%
Number of registered patients (Relapses)							-	
Number of smear positive							-	
Number of registered patients (Extra-pulmonary)							7	
Total cases registered							128	
Total cases 1999	128							

Orel Oblast - 2000

TB Case Finding

Civilian sector

	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	166		142		143		101	
Number of smear positive	68	41%	61	43%	62	43%	46	45,5%
Number of registered patients (Relapses)	4		7		15		8	
Number of smear positive	2	50%	2	28,5%	4	27%	5	62,5%
Number of registered patients (Extra-pulmonary)	11		6		7		9	
Total cases registered	181		155		165		118	
Total cases 2000	619							

Orel Oblast – 2001

TB Case Finding

Civilian sector

	Quarter 1 - 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%						
Number of registered patients (NEW)	163		126		126		108	
Number of smear positive	68	42%	66	53%	55	44%	51	47%
Number of registered patients (Relapses)	12		15		8		15	
Number of smear positive	5	42%	6	40%	4	50%	12	80%
Number of registered patients (Extra-pulmonary)	6		16		10		13	
Total cases registered	181		157		144		136	
Total cases 2001	618							

Orel Oblast – 2002

TB Case Finding

Civilian sector

	Quarter 1 - 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	112		152		115			
Number of smear positive	58	52%	93	61%	64	56%		
Number of registered patients (Relapses)	6		9		10			
Number of smear positive	4	67%	5	55.5%	6	60%		
Number of registered patients (Extra-pulmonary)	8		15		5			
Total cases registered	126		176		130			
Total cases 2002								

Orel Oblast - 2000**TB Case Finding****Prison service**

	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%						
Number of registered patients (NEW)	33		75		32		31	
Number of smear positive	10	30%	20	26%	6	18%	14	45%
Number of registered patients (Relapses)	6		3		5		4	
Number of smear positive	5	83%	1	33%	3	60%	-	-
Number of registered patients (Extra-pulmonary)	-		-		1		-	
Total cases registered	39		78		38		35	
Total cases 2000	190							

Orel Oblast – 2001

TB Case Finding

Prison service

	Quarter 1 - 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%						
Number of registered patients (NEW)	35		24		37		22	
Number of smear positive	6	17%	11	46%	8	22%	4	18%
Number of registered patients (Relapses)	4		5		3		2	
Number of smear positive	3	75%	4	80%	-	-	-	-
Number of registered patients (Extra-pulmonary)	-		-		-		2	
Total cases registered	39		29		40		26	
Total cases 2001	134							

Orel Oblast – 2002

TB Case Finding

Prison service

	Quarter 1 - 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	15		16		13			
Number of smear positive	7	47%	4	25%	3	23%		
Number of registered patients (Relapses)	1		3		1			
Number of smear positive	0	0%	2	66%	1	100%		
Number of registered patients (Extra-pulmonary)	0		0		0			
Total cases registered	16		19		14			
Total cases 2002								

Vladimir oblast – 2000

TB Case Finding

Civilian service

	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 – 2000		Quarter 4 – 2000	
	Abs. number	%						
Number of registered patients (NEW)							137	
Number of smear positive							74	54%
Number of registered patients (Relapses)							-	
Number of smear positive							-	
Number of registered patients (Extra-pulmonary)							15	
Total cases registered							152	
Total cases 2000	152							

Vladimir oblast – 2001

TB Case Finding

Civilian service

	Quarter 1 – 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	193		194		168		188	
Number of smear positive	87	45%	95	49%	100	59.5%	99	53%
Number of registered patients (Relapses)	28		25		29		40	
Number of smear positive	13	46%	12	48%	16	55%	20	80%
Number of registered patients (Extra-pulmonary)	20		38		17		27	
Total cases registered	241		257		214		255	
Total cases 2001	967							

Vladimir oblast – 2002

TB Case Finding

Civilian service

	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	190		209		154			
Number of smear positive	93	49%	121	58%	79	51%		
Number of registered patients (Relapses)	41		38		35			
Number of smear positive	27	66%	15	39%	23	66%		
Number of registered patients (Extra-pulmonary)	13		33		16			
Total cases registered	244		280		205			
Total cases 2002								

Vladimir oblast – 2001

TB Case Finding

Prison service

	Quarter 1 – 2001		Quarter 2 – 2001		Quarter 3 – 2001		Quarter 4 – 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	85		98		57		60	
Number of smear positive	9	10.5%	19	19%	5	9%	14	23%
Number of registered patients (Relapses)	50		36		12		14	
Number of smear positive	8	16%	3	8%	3	25%	5	36 %
Number of registered patients (Extra-pulmonary)	1		5		4		3	
Total cases registered	136		139		73		77	
Total cases 2001	425							

Vladimir oblast – 2002

TB Case Finding

Prison service

	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)	76		87		63			
Number of smear positive	21	28%	18	21%	5	16%		
Number of registered patients (Relapses)	33		26		26			
Number of smear positive	15	45%	9	35%	5	19%		
Number of registered patients (Extra-pulmonary)	2		3		1			
Total cases registered	111		116		90			
Total cases 2002								

Chuvashia Republic– 2002

TB Case Finding

Civilian service

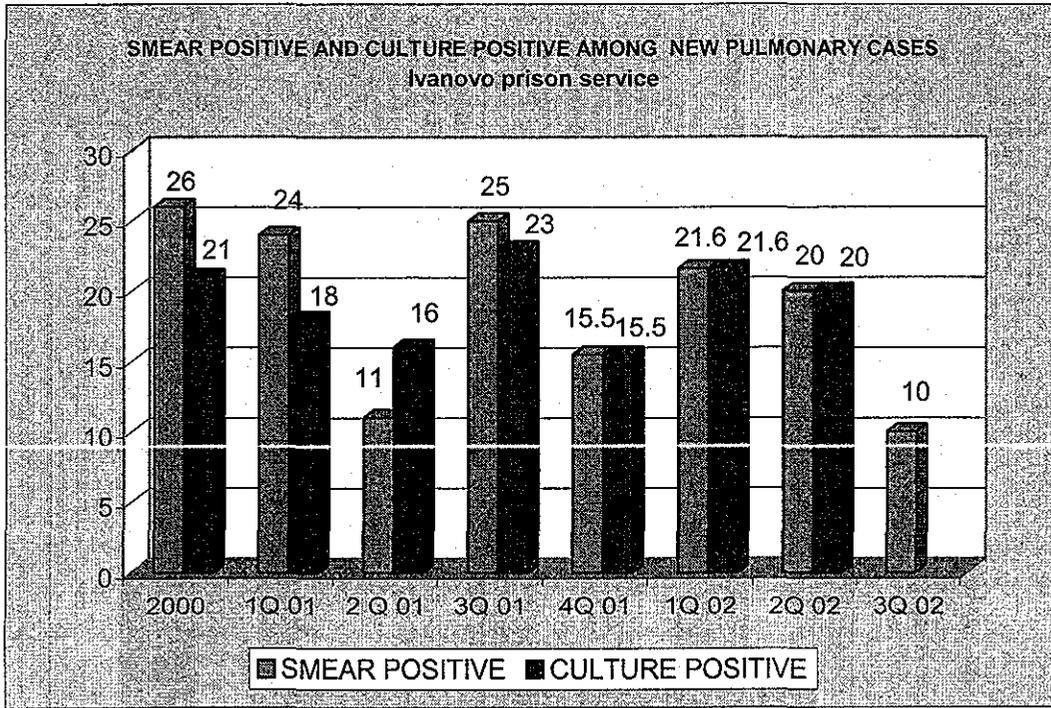
	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)					126			
Number of smear positive					67	53%		
Number of registered patients (Relapses)					30			
Number of smear positive					17	56%		
Number of registered patients (Extra-pulmonary)					12			
Total cases registered					168			
Total cases 2002								

Chuvashia – 2002**TB Case Finding****Prison service**

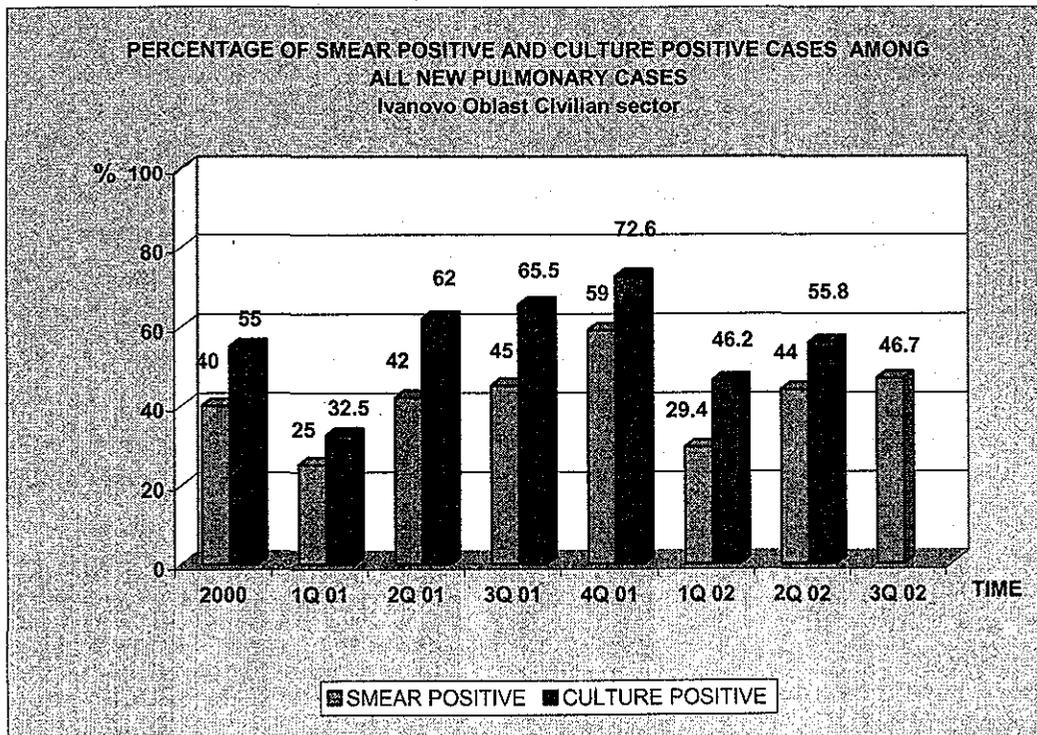
	Quarter 1 – 2002		Quarter 2 – 2002		Quarter 3 – 2002		Quarter 4 – 2002	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
Number of registered patients (NEW)					10			
Number of smear positive					2	20%		
Number of registered patients (Relapses)					10			
Number of smear positive					6	60%		
Number of registered patients (Extra-pulmonary)					0			
Total cases registered					20			
Total cases 2002								

ATTACHMENT 2. EPIDEMIOLOGICAL DATA ON SPUTUM SMEAR AND CULTURE POSITIVE CASES IN IVANOVO, OREL AND VLADIMIR OBLASTS AND CHUVASHIA REPUBLIC CIVILIAN AND PRISON SECTORS

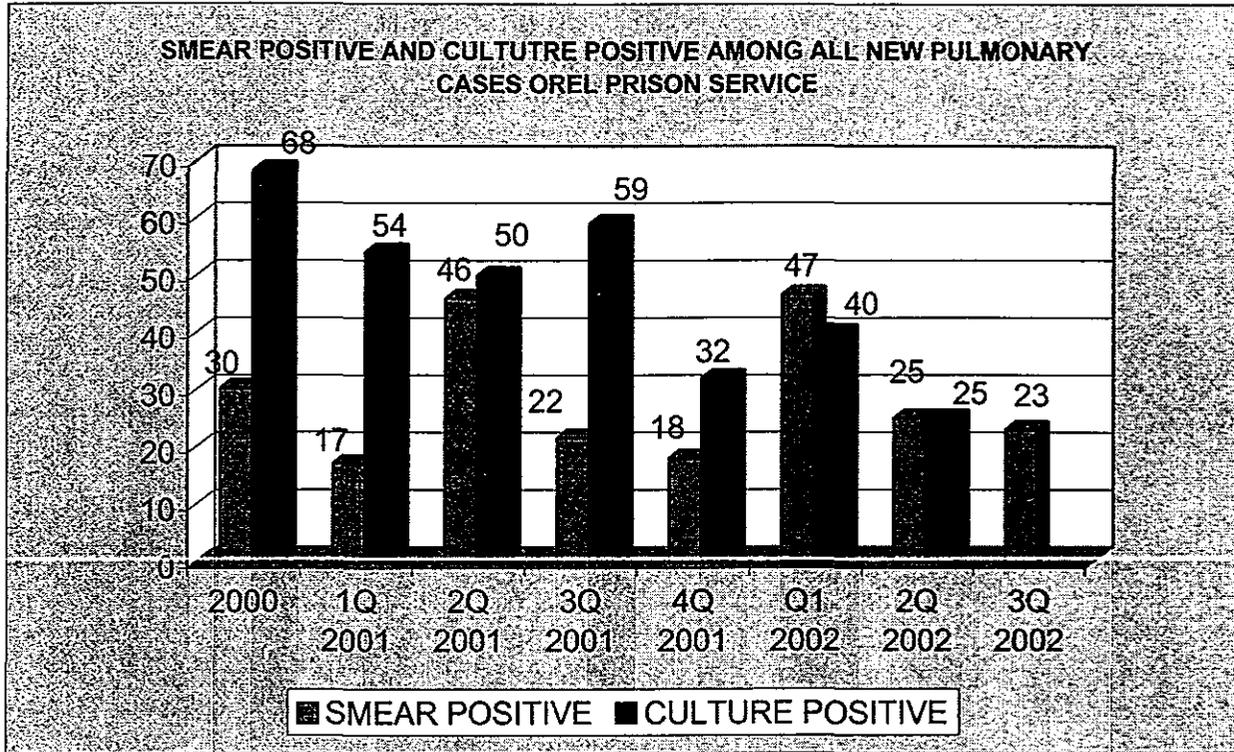
	2000	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02	3Q 02
SMEAR POSITIVE	26	24	11	25	15.5	21.6	20	10
CULTURE POSITIVE	21	18	16	23	15.5	21.6	20	



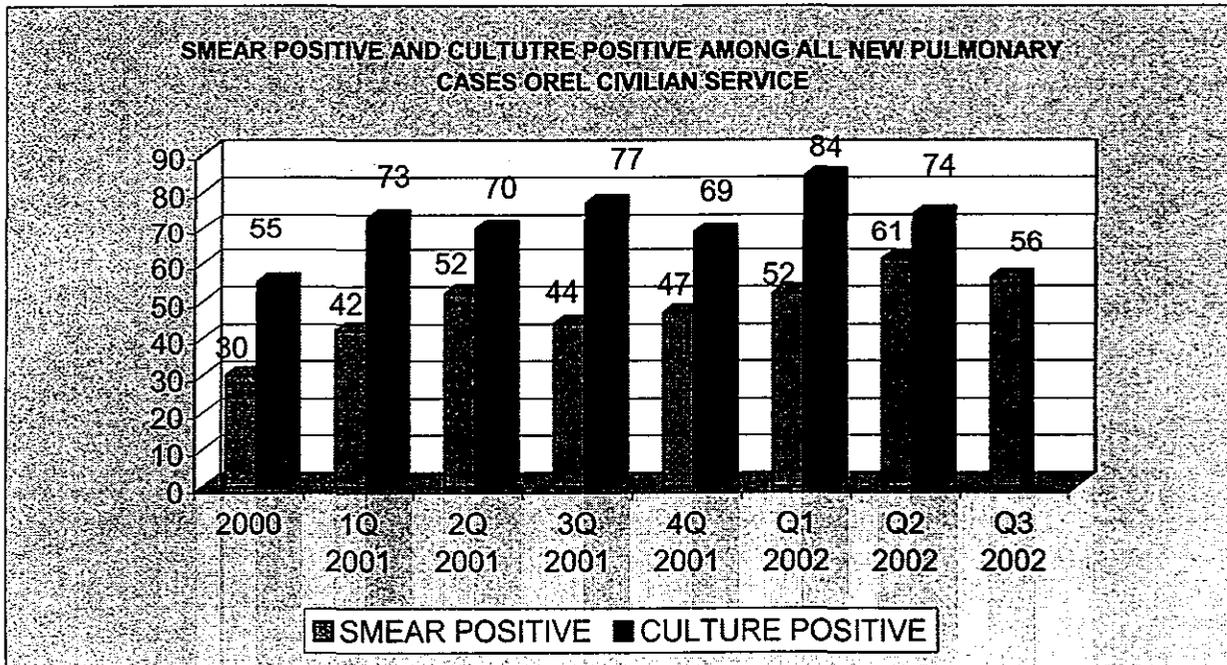
	2000	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02	3Q 02
SMEAR POSITIVE	40	25	42	45	59	29.4	44	46.7
CULTURE POSITIVE	55	32.5	62	65.5	72.6	46.2	55.8	



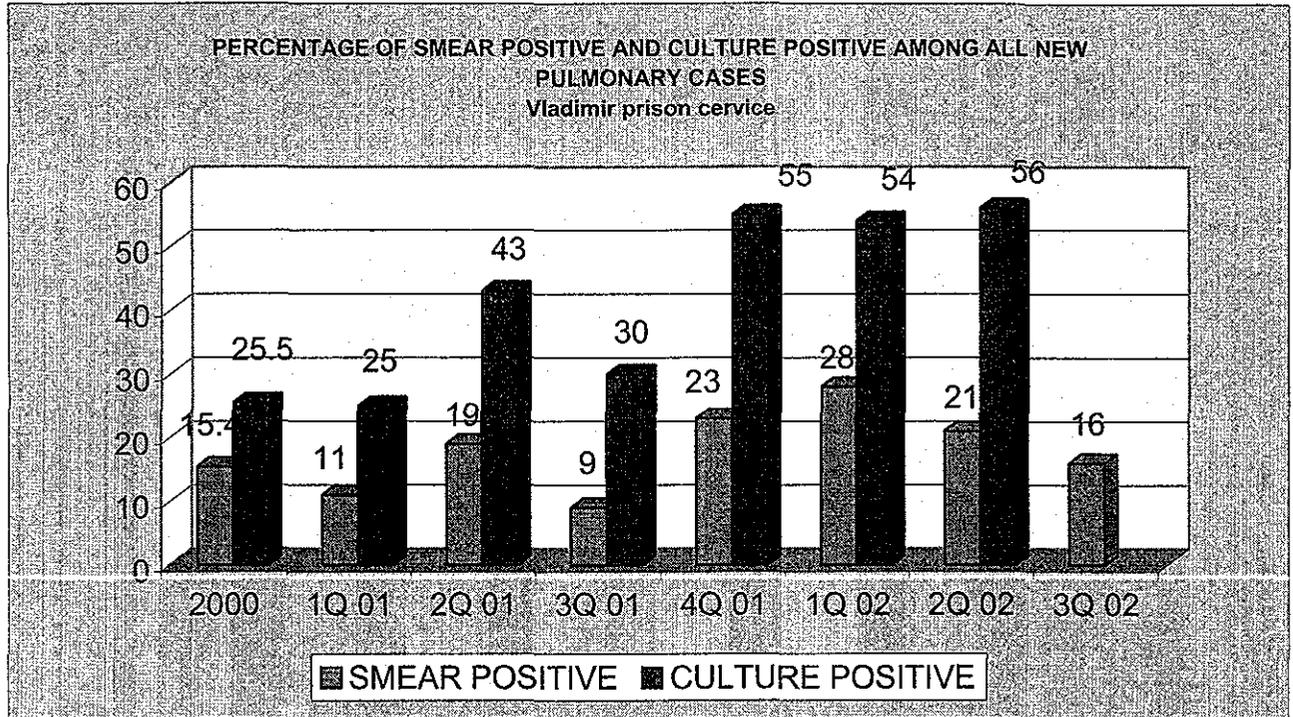
	2000	1Q 2001	2Q 2001	3Q 2001	4Q 2001	Q1 2002	2Q 2002	3Q 2002
SMEAR POSITIVE	30	17	46	22	18	47	25	23
CULTURE POSITIVE	68	54	50	59	32	40	25	



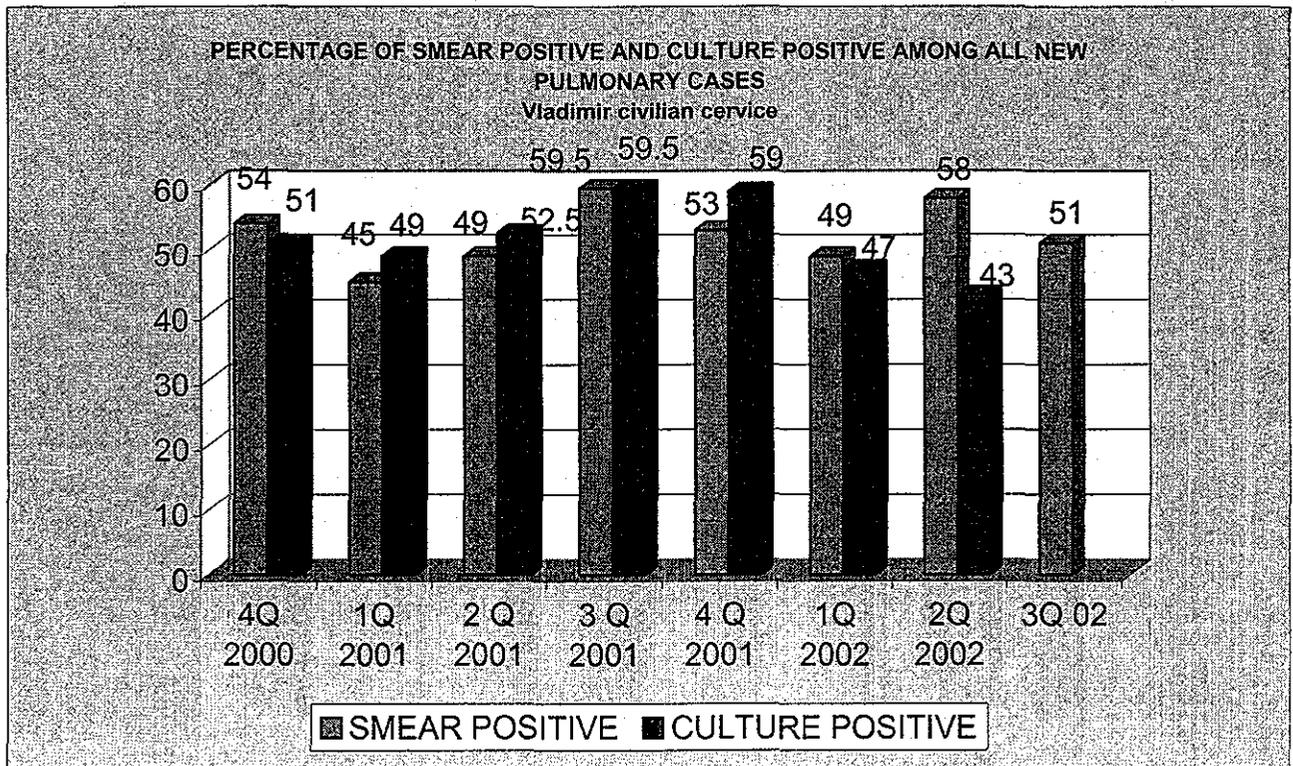
	2000	1Q 2001	2Q 2001	3Q 2001	4Q 2001	Q1 2002	Q2 2002	Q3 2002
SMEAR POSITIVE	30	42	52	44	47	52	61	56
CULTURE POSITIVE	55	73	70	77	69	84	74	



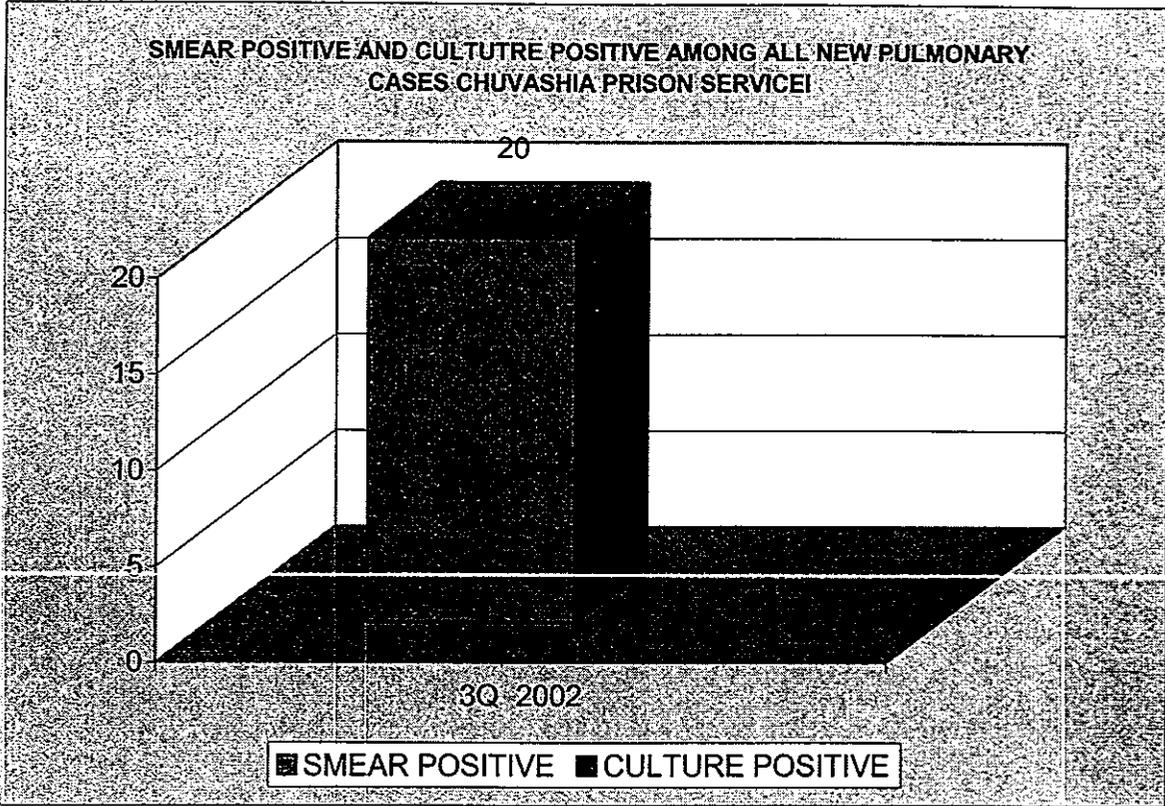
	2000	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02	3Q 02
SMEAR POSITIVE	15.4	11	19	9	23	28	21	16
CULTURE POSITIVE	25.5	25	43	30	55	54	56	



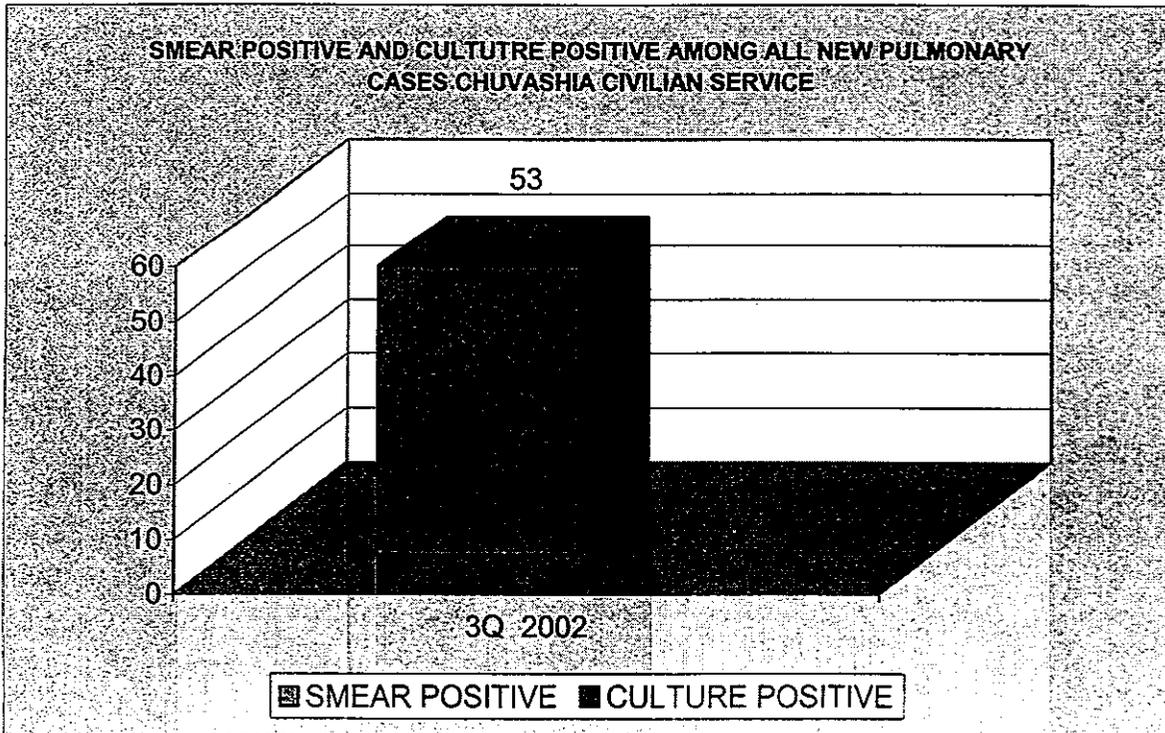
	4Q 2000	1Q 2001	2 Q 2001	3 Q 2001	4 Q 2001	1Q 2002	2Q 2002	3Q 02
SMEAR POSITIVE	54	45	49	59.5	53	49	58	51
CULTURE POSITIVE	51	49	52.5	59.5	59	47	43	



	3Q 2002
SMEAR POSITIVE	20
CULTURE POSITIVE	



	3Q 2002
SMEAR POSITIVE	53
CULTURE POSITIVE	



Attachment 3. Sputum Smear Conversion Rates Among New Cases in Ivanovo, Orel and Vladimir Oblasts, civilian and prison sectors

Ivanovo Oblast – 2000

Smear conversion

Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	48	28	58	36	75	-	-	4	8	48
Relapses	15	-	-	5	33	5	33	3	7	15
Other retreatment cases	18	-	-	2	11	6	33	7	5	18
Quarter 2										
New cases	56	36	64	46	82	-	-	7	3	56
Relapses	3	-	-	1	33	1	33	1	1	3
Other retreatment cases	14	-	-	5	36	6	43	1	7	14

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	59	43	73	49	83	-	-	5	5	59
Relapses	19	-	-	9	47	9	47	6	4	19
Other retreatment cases	17	-	-	10	58	11	65	3	3	17
Quarter 4										
New cases	53	30	57	13	81	-	-	9	1	53
Relapses	19	-	-	9	47	12	63	3	4	19
Other retreatment cases	16	-	-	9	56	10	62,5	2	5	16
Total 2000										
New cases	216	137	63	174	81					
Relapses	56			24	43	27	48			
Other retreatment cases	65			26	40	33	51			

Ivanovo Oblast- 2001

Smear conversion

Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	60	39	65	47	78	-	-	7	6	60
Relapses	13	-		11	85	13	100	-	-	13
Other retreatment cases	20	-		8	40	13	65	3	4	20
Quarter 2										
New cases	59	35	59	53	90			-	6	59
Relapses	23			12	52	13	56,5	5	5	23
Other retreatment cases	16			5	31	8	50	1	7	16
Quarter 3										
New cases	51	36	70,5	10	90			4	1	51
Relapses	11	-	-	9	82	-	-	1	1	11
Other retreatment cases	5	-	-	3	60	-	-	1	1	5

Quarter 4										
New cases	63	45	71.4	6	80.9	-	-	8	4	63
Relapses	8	-	-	3	37.5	-	-	4	1	8
Other retreatment cases	4	-	-	2	50.0	-	-	1	1	4
Total 2001										
New cases	233	155	66.5	197	84.5	-	-	19	17	233
Relapses	55	-	-	35	63.6	38	69	10	7	55
Other retreatment cases	45	-	-	18	40	26	57.7	6	13	45

Ivanovo Oblast – 2002

Smear conversion

Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	55	34	62	47	85	-	-	-	8	55
Relapses	12	-	-	5	42	6	50	1	5	12
Other retreatment cases	14	-	-	3	22	6	43	3	5	14

Quarter 2										
New cases	61	40	65,5	52	85	-	-	6	3	61
Relapses	14	-	-	11	78,5	-	-	-	3	14
Other retreatment cases	7	-	-	3	43	4	57	-	3	7
Quarter 3										
New cases										
Relapses										
Other retreatment cases										
Quarter 4										
New cases										
Relapses										
Other retreatment cases										
Total 2002										
New cases										
Relapses										
Other retreatment cases										

57

Ivanovo Oblast – 2001

Smear conversion

Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	17	14	82	15	88	-	-	1	1	17
Relapses	12	-	-	7	58	7	58	2	3	12
Other retreatment cases	5	-	-	4	80	4	80	-	1	5
Quarter 2										
New cases	6	3	50	4	67	-	-	1	1	6
Relapses	14	-	-	7	50	8	57	2	4	14
Other retreatment cases	8	-	-	6	75	6	75	1	1	8
Quarter 3										
New cases	16	13	81	1	87.5	-	-	1	1	16
Relapses	7	-	-	6	86	-	-	-	1	7
Other retreatment cases	13	-	-	7	54	1	61.5	1	4	13

55

Quarter 4										
New cases	9	7	78	1	89	-	-	-	1	9
Relapses	2	-	-	2	100	-	-	-	-	2
Other retreatment cases	11	-	-	7	64	-	-	2	2	11
Total 2001										
New cases	48	37	77	41	85	-	-	3	4	48
Relapses	35	-	-	22	63	23	66	4	8	35
Other retreatment cases	37	-	-	24	65	25	67.5	4	8	37

Ivanovo Oblast – 2002

Smear conversion

Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive	Total
		2 months		3 months		4 months				
		Number	%	Number	%	Number	%			
New cases	8	7	87,5	-	-	X	X	-	1	8
Relapses	6	X	X	6	100	-	-	-	-	6
Other retreatment cases	4	X	X	4	100	-	-	-	-	4

Quarter 2										
New cases	4	1	25	4	100	X	X	-	-	4
Relapses	10	X	X	8	80	1	90	-	1	10
Other retreatment cases	2	X	X	2	100	-	-	-	-	2
Quarter 3										
New cases	4	2	50	1	75			1		
Relapses	2			2	100					
Other retreatment cases	1									
Quarter 4										
New cases										
Relapses										
Other retreatment cases										
Total 2002										
New cases										
Relapses										
Other retreatment cases										

Orel - 1999

Smear conversion

Civilian service

Quarter 4	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	44	26	59	9	79,5			9	
Relapses									
Other retreatment cases									

58

Orel Oblast – 2000

Smear conversion

Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	68	36	53	13	72			10	9
Relapses	2			1	50	0	50	1	
Other retreatment cases	-								
Quarter 2									
New cases	61	38	62	51	84			7	3
Relapses	2			2	100				
Other retreatment cases	3			3	100				

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	62	37	60	45	73			4	13
Relapses	4			4	100				
Other retreatment cases	4			4	100				
Quarter 4									
New cases	46	27	59	9	78			7	3
Relapses	5			2	40	0	40	1	2
Other retreatment cases	11			7	64	0	64	3	1
Total 2000									
New cases	237	138	58	181	76			28	28
Relapses	13			9	69	0	69	2	2
Other retreatment cases	18			14	78	0	78	3	1

Orel Oblast – 2001

Smear conversion

Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	68	42	69	51	75			4	7
Relapses	5	0	0	3	60	0	60	1	1
Other retreatment cases	5	2	40	4	80	0	80	0	1
Quarter 2									
New cases	66	43	66	52	79	-	-	5	6
Relapses	6	0	0	6	100				
Other retreatment cases	7	2	27	7	100				

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	55	31	56	39	71	-	-	8	4
Relapses	4	-	-	4	100	4	100	0	0
Other retreatment cases	6	-	-	3	50	4	67	1	1
Quarter 4									
New cases	51	30	58	41	80	2	84	3	5
Relapses	12	-	-	9	75	10	83	0	2
Other retreatment cases	6	-	-	4	67	4	67	0	2
Total 2001									
New cases	240	146	61	183	76	-	-	20	22
Relapses	27	-	-	22	81.5	23	85	1	3
Other retreatment cases	24	-	-	18	75	19	79	1	4

Orel Oblast – 2002

Smear conversion

Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	58	33	57%	40	69%	-	-	3	15
Relapses	4	-	-	3	75%	3	75%	-	1
Other retreatment cases	5	-	-	5	100%	5	100%		
Quarter 2									
New cases	93	55	59%	67	72%	-	-	11	15
Relapses	5	-	-	1	20%	3	60%		2
Other retreatment cases	6	-	-	5	83%			1	

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases									
Relapses									
Other retreatment cases									
Quarter 4									
New cases									
Relapses									
Other retreatment cases									
Total 2001									
New cases									
Relapses									
Other retreatment cases									

Orel Oblast – 2000

Smear conversion

Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	10	8	80%	8	80%	-	-	0	2
Relapses	5	-	-	5	100%	5	100%	0	0
Other retreatment cases	22	-	-	22	100%	22	100%	0	0
Quarter 2									
New cases	20	17	85%	18	90%	-	-	2	0
Relapses	1	-	-	1	100%	1	100%	0	0
Other retreatment cases	5	-	-	4	80%	4	80%	1	0

65

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	6	2	33%	3	50%	-	-	0	3
Relapses	3	-	-	2	67%	2	67%	1	0
Other retreatment cases	1	-	-	0	0%	0	0%	0	1
Quarter 4									
New cases	14	10	71%	11	78,5%	-	-	2	1
Relapses	0	-	-	0	0	0	0	0	0
Other retreatment cases	4	-	-	3	75%	3	75%	0	1
Total 2000									
New cases	50	37	74%	40	80%	-	-	4	6
Relapses	9	-	-	8	89%	8	89%	1	0
Other retreatment cases	32	-	-	29	91%	29	91%	1	2

Orel Oblast

Smear conversion – 2001

Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	6	3	50.0	4	67	-	-	1	1
Relapses	3	-	-	0	0	0	0	2	1
Other retreatment cases	3	-	-	2	67	3	100	0	0
Quarter 2									
New cases	11	8	73	9	82	-	-	2	0
Relapses	4	-	-	2	50	2	50	0	2
Other retreatment cases	6	-	-	4	67	5	83	0	1

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	8	5	62.5	5	62.5	-	-	1	0
Relapses	0	0	0	0	0	0	0	0	0
Other retreatment cases	1	-	-	1	100	1	100	0	0
Quarter 4									
New cases	4	4	100	4	100	-	-	0	0
Relapses	0	-	-	0	0	0	0	0	0
Other retreatment cases	3	-	-	3	100	3	100	0	0
Total 2001									
New cases	29	20	68.9	22	76	-	-	4	1
Relapses	7	-	-	2	29	2	29	2	3
Other retreatment cases	13	-	-	10	77	12	93	0	1

Orel Oblast – 2002

Smear conversion

Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	7	5	71	7	100	-	-		
Relapses	0	-	-	0	0	0	0		
Other retreatment cases	0	-	-	0	0	0	0		
Quarter 2									
New cases	4	3	75	3	75	-	-	1	
Relapses	2	-	-	1	50	1	50		1
Other retreatment cases	0	-	-	0	0	0	0		

Quarter 3	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases									
Relapses									
Other retreatment cases									
Quarter 4									
New cases									
Relapses									
Other retreatment cases									
Total 2002									
New cases									
Relapses									
Other retreatment cases									

Vladimir Oblast - 2000

Smear conversion

Civilian service

Quarter 4	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	74	57	77	62	84	-		8	4
Relapses	-								
Other retreatment cases	-								

Vladimir Oblast - 2001

Smear conversion

Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	87	57	65,5	72	83			11	4
Relapses	13	-		7	54	8	61,5	3	2
Other retreatment cases	2	-		1	50	1	50	1	
Quarter 2									
New cases	95	59	62	72	76	-	-	15	8
Relapses	12	-	-	5	42	6	50	5	1
Other retreatment cases	7	-	-	1	14	1	14	3	3
Quarter 3									
New cases	100	63	63	79	79			9	12
Relapses	16	-	-	12	75	13	81	2	1

Other retreatment cases	11	-	-	8	73	9	82	-	2
Quarter 4									
New cases	99	69	70%	77	78			10	12
Relapses	20	-	-	8	40	11	55%	5	4
Other retreatment cases	17	-	-	6	35%	7	41%	6	4
Total 2001									
New cases	381	250	66	300	79			45	36
Relapses	61	-	-	32	52	38	62	15	8
Other retreatment cases	37	-	-	16	43	18	49	10	9

Vladimir Oblast - 2002

Smear conversion

Civilian service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	93	53	57	69	74	X	X	17	7
Relapses	27	X	X	20	74	22	81	4	1
Other retreatment cases	9	X	X	3	33	6	67	3	-
Quarter 2									
New cases	121	75	62	89	74	X	X	16	16
Relapses	15	X	X	8	53	10	67	3	2
Other retreatment cases	13	X	X	6	46	9	69	2	2
Quarter 3									
New cases									
Relapses									
Other retreatment cases									
Quarter 4									

74

New cases									
Relapses									
Other retreatment cases									
Total 2002									
New cases									
Relapses									
Other retreatment cases									

2

Vladimir Oblast - 2001

Smear conversion

Prison service

Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	9	8	89	8	89			1	
Relapses	8			4	50	4	50	1	3
Other retreatment cases	8			5	62.5	5	62.5		3
Quarter 2									
New cases	19	18	95	18	95				1
Relapses	3			3	100	3	100		3
Other retreatment cases	15			9	60	9	6	3	3
Quarter 3									
New cases	5	4	80	1	100				
Relapses	3			1	33	2	67		1
Other retreatment cases	17			10	59	12	70.5	1	4

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Quarter 4									
New cases	14	8	57	3	78.5				
Relapses	5			1	20	3	60	1	1
Other retreatment cases	15			13	87				
Total 2001									
New cases	47	38	81	42	89			2	3
Relapses	19			9	47	12	63	2	5
Other retreatment cases	55			37	67	39	71	4	12

Vladimir Oblast - 2002

Smear conversion

Prison service

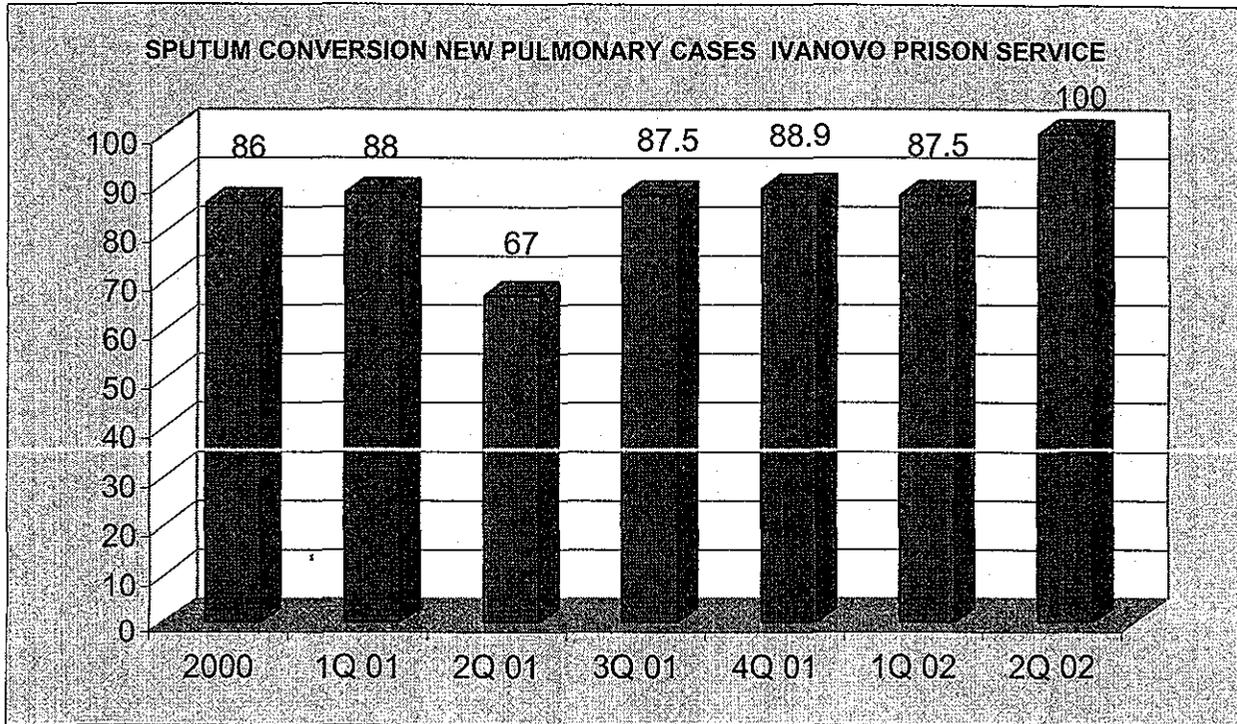
Quarter 1	Number of cases	Smear conversion						Smear not done	Remains smear-positive
		2 months		3 months		4 months			
		Number	%	Number	%	Number	%		
New cases	21	15	71	18	86	X	X	1	2
Relapses	15	X	X	9	60	12	80	1	2
Other retreatment cases	19	X	X	14	74	17	89.5	2	
Quarter 2									
New cases	18	13	72	16	89	X	X	1	1
Relapses	9	X	X	7	78%	-	-	1	1
Other retreatment cases	16	X	X	12	75%	13	81	2	1
Quarter 3									
New cases									
Relapses									
Other retreatment cases									

Quarter 4									
New cases									
Relapses									
Other retreatment cases									
Total 2002									
New cases									
Relapses									
Other retreatment cases									

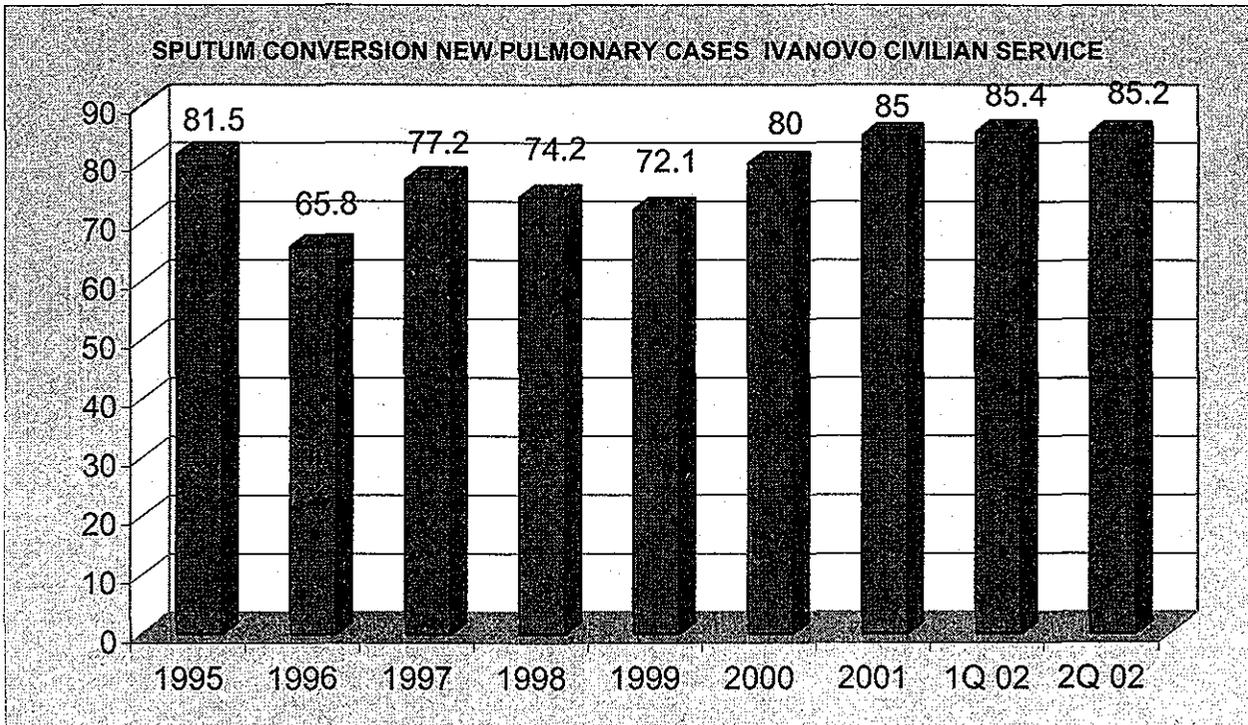
77

ATTACHMENT 4. SPUTUM SMEAR CONVERSION RATES AMONG NEW CASES IN IVANOVO, OREL, VLADIMIR OBLASTS CIVILIAN AND PRISON SECTORS

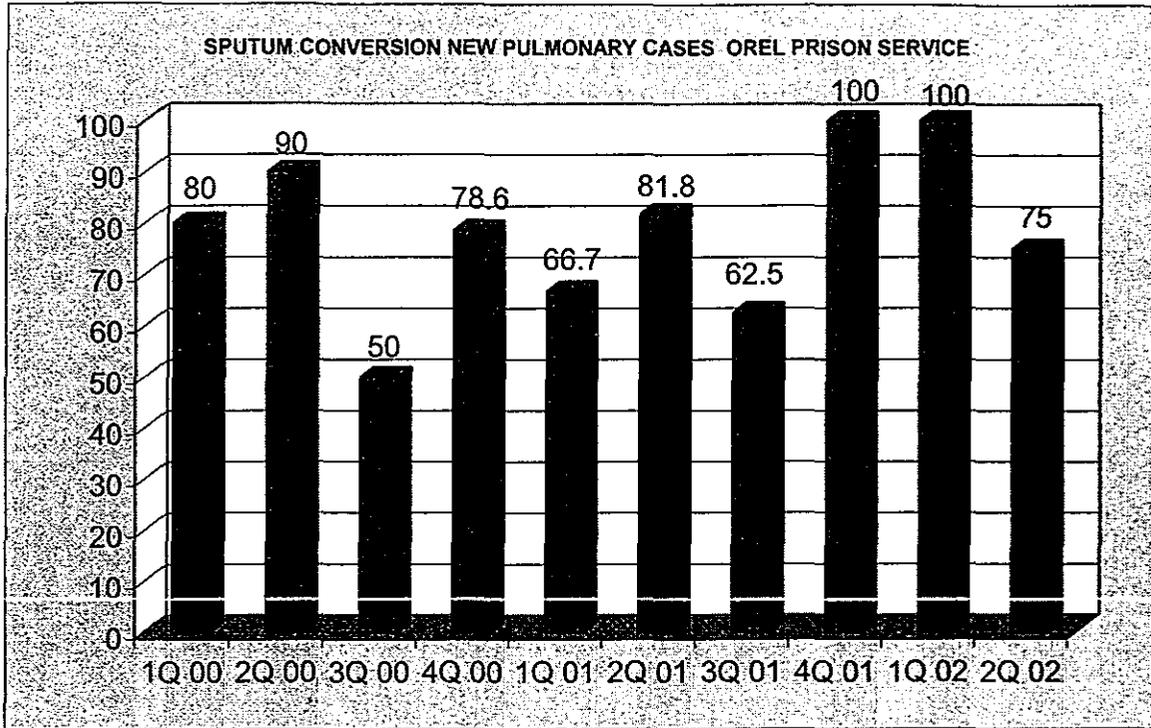
	2000	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02
Ivanovo	86	88	67	87.5	88.9	87.5	100



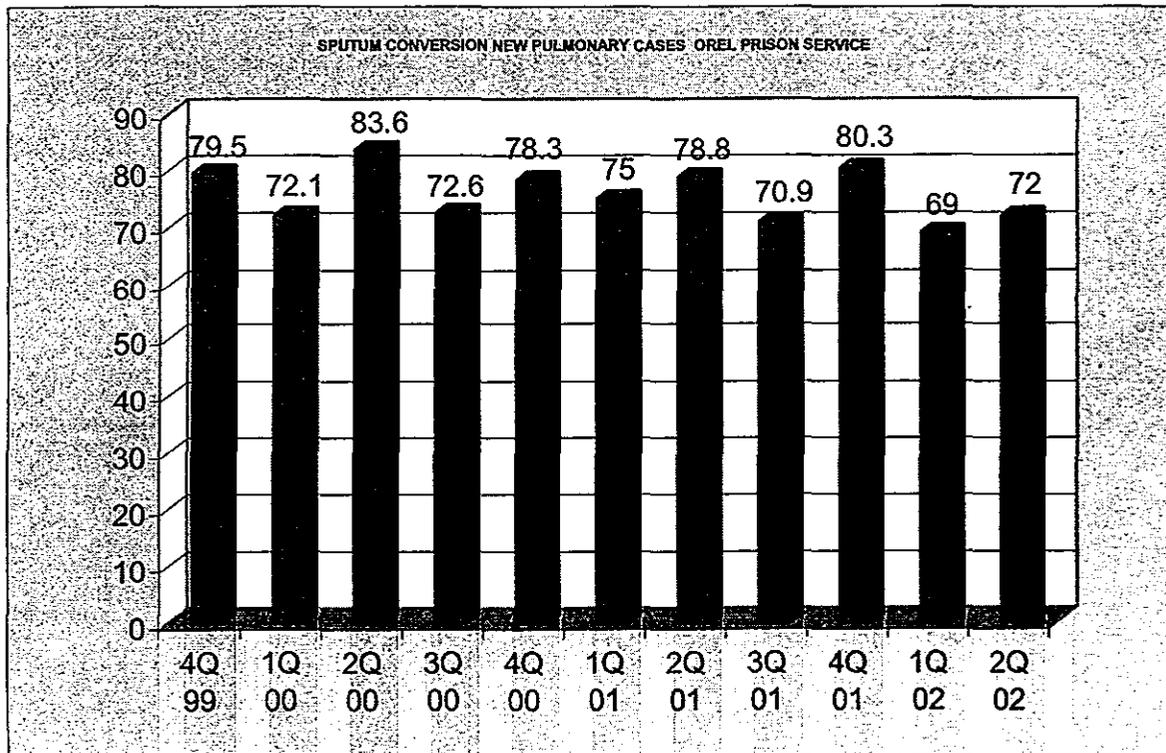
	1995	1996	1997	1998	1999	2000	2001	1Q 02	2Q 02
Ivanovo	81.5	65.8	77.2	74.2	72.1	80	85	85.4	85.2



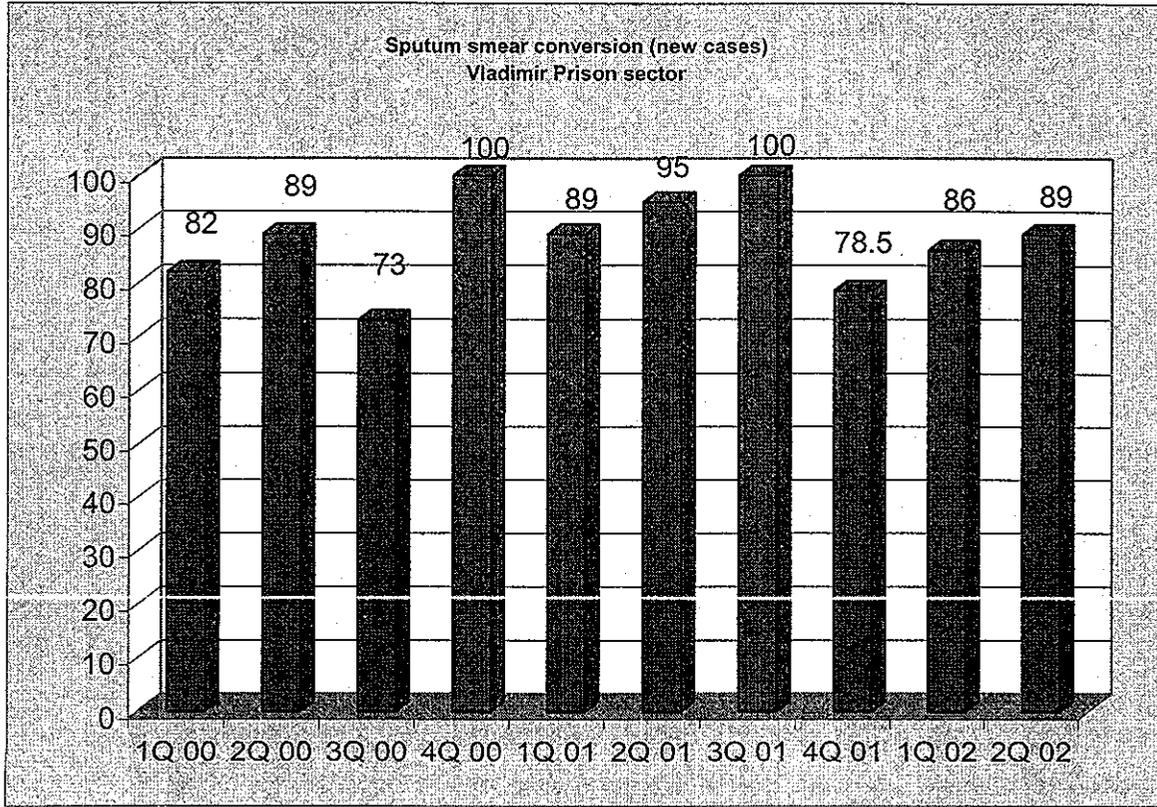
	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02
% of Sputum conve	80.0	90.0	50.0	78.6	66.7	81.8	62.5	100.0	100.0	75.0



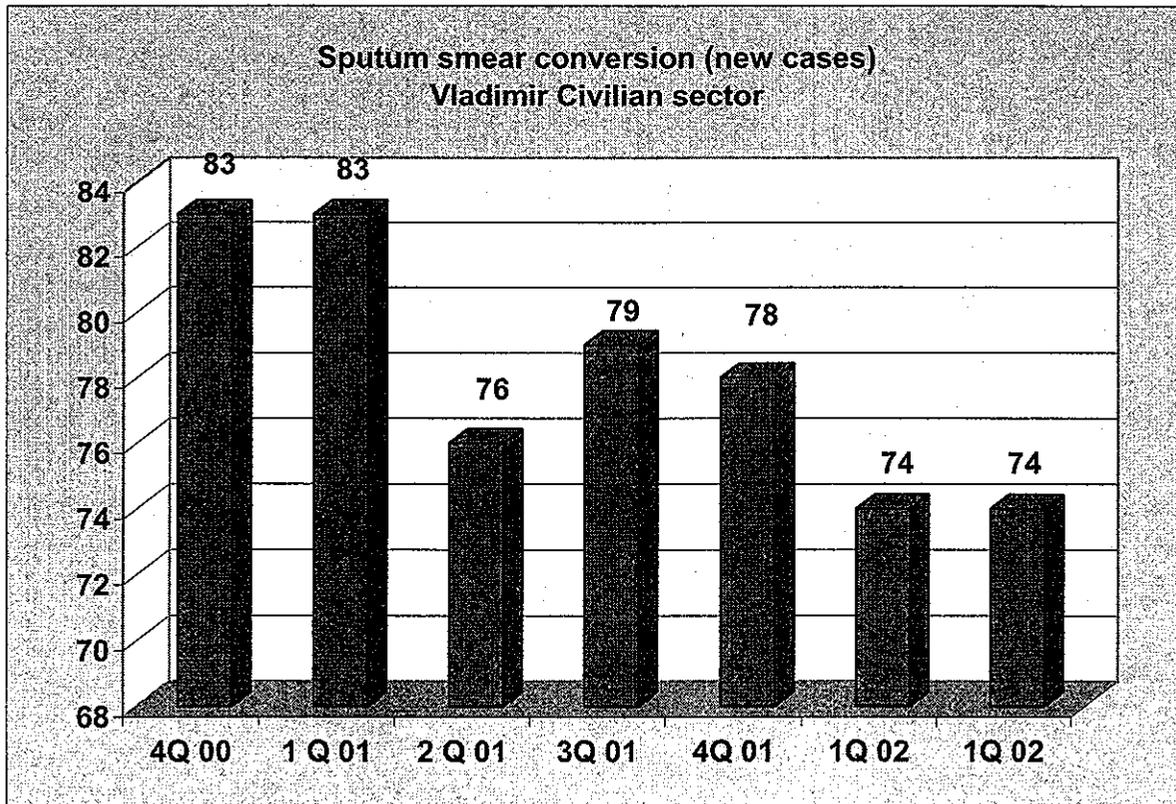
	4Q 99	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02
% of Sputum Conv	79.5	72.1	83.6	72.6	78.3	75	78.8	70.9	80.3	69	72



	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	2Q 02
Vladimir	82	89	73	100	89	95	100	78.5	86	89



	4Q 00	1Q 01	2Q 01	3Q 01	4Q 01	1Q 02	1Q 02	2Q 02
Vladimir	83	83	76	79	78	74	74	74



Attachment 5. Treatment Outcomes for New Sputum Smear Positive Cases in Ivanovo, Orel and Vladimir Oblasts, civilian and prison sectors

Orel Oblast - 1999

Treatment outcomes

Civilian sector

Treatment outcomes	Quarter 1 -1999		Quarter 2 - 1999		Quarter 3 – 1999		Quarter 4 – 1999	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED							31	70
COMPLETED							3	7
TREATMENT SUCCESS							34	77
FAILURE							1	2
DIED							7	16
DEFAULTED							2	4,5
TRANSFERRED OUT							-	-
TOTAL							44	

<i>New sputum smear - cases</i>	Abs. number	%						
CURED							-	
COMPLETED							75	97
TREATMENT SUCCESS							75	97
FAILURE							-	
DIED							-	
DEFAULTED							1	
TRANSFERRED OUT							1	
TOTAL							77	

<i>Extra pulmonary cases</i>	Abs. number	%						
CURED							-	
COMPLETED							7	100
TREATMENT SUCCESS							7	100
FAILURE							-	
DIED							-	
DEFAULTED							-	1
TRANSFERRED OUT							-	1
TOTAL							7	100

Orel Oblast - 2000

Treatment outcomes

Civilian sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%						
<i>New sputum smear + cases</i>								
CURED	49	72.0%	46	77.9%	45	73.8%	29	63.0%
COMPLETED	3	4.4%	1	1.6%	1	1.6%	1	2.2%
TREATMENT SUCCESS	52	76.4%	47	79.6%	46	75.4%	30	65.2%
FAILURE	6	8.8%	7	11.8%	8	13.1%	6	13.0%
DIED	6	8.8%	3	5.0%	6	9.8%	9	19.6%
DEFAULTED	4	5.8%	1	1.6%	1	1.6%	1	2.2%
TRANSFERRED OUT	-		1	1.6%	1	1.6%	0	0%
TOTAL	68		59*		62		46	

* 2 patients were excluded from TB diagnosis

<i>New sputum smear - cases</i>	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-							
COMPLETED	74	88.1%	65	94.2%	64	82%	48	87.3%
TREATMENT SUCCESS	74	88.1%	65	94.2%	64	82%	48	87.3%
FAILURE	-		1	1.4%	6	7.7%	0	0%
DIED	3	3.5%	--	-	5	6.4%	6	10.9%
DEFAULTED	7	8.3%	3	4.3%	1	1.3%	0	0%
TRANSFERRED OUT	-		-		2	2.6%	1	1.8%
TOTAL	84		69*		78**		55	

* 7 patients were excluded from TB diagnosis, 5 patients were diagnosed with not active TB

** 1 patient was excluded from TB diagnosis, 2 patients were diagnosed with not active TB

53

<i>Extra pulmonary cases</i>	Abs. number	%						
CURED								
COMPLETED	10	100%	4	100%	6	100%	8	88.9%
TREATMENT SUCCESS	10	100%	4	100%	6	100%	8	88.9%
FAILURE								
DIED							1	11.1%
DEFAULTED								
TRANSFERRED OUT								
TOTAL	10*		4**		6***		9	

* 1 patient was excluded from TB diagnosis.

** 2 patients were excluded from TB diagnosis.

*** 1 patient was excluded from TB diagnosis.

Orel Oblast - 2001

Treatment outcomes

Civilian sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	49	72.1%	53	80.3%	36	65.5%		
COMPLETED	1	1.47%	3	4.5%	0	0		
TREATMENT SUCCESS	50	73.5%	56	84.9%	36	65.5%		
FAILURE	10	14.7%	4	6.1%	9	16.4%		
DIED	5	7.4%	5	7.6%	7	12.7%		
DEFAULTED	2	2.9%	1	1.5%	1	1.8%		
TRANSFERRED OUT	1	1.47%	0	0%	2	3.6%		
TOTAL	68		66		55			

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-		-		-			
COMPLETED	88	92.6%	53	88.3%	65	91.5%		
TREATMENT SUCCESS	88	92.6%	53	88.3%	65	91.5%		
FAILURE	2	2.1%	7	11.6%	2	2.8%		
DIED	3	3.16%	0		4	5.6%		
DEFAULTED	0	0%	0		0	0%		
TRANSFERRED OUT	2	2.1%	0		0	0%		
TOTAL	95		60		71			

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	6	100%	16	100%	10	100%		
TREATMENT SUCCESS	6	100%			10	100%		
FAILURE	0	0%						
DIED	0	0%						
DEFAULTED	0	0%						
TRANSFERRED OUT	0	0%						
TOTAL	6		16		10			

Orel Oblast - 2000

Treatment outcomes

Prison sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	9	90%	8	40%	2	33.3%	10	71.4%
COMPLETED TREATMENT SUCCESS	9	90%	19	95%	3	50%	10	71.4%
FAILURE	-		-		3	50%	4	28.6%
DIED	1	10%	-		-		-	
DEFAULTED	-		1	5%	-		-	
TRANSFERRED OUT	-		-		-		-	
TOTAL	10		20		6		14	

<i>New sputum smear - cases</i>	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-		-		-		-	
COMPLETED TREATMENT SUCCESS	18	100%	38	76%	21	80.8%	17	100%
FAILURE	-		-		3	11.5%	-	
DIED	-		-		-		-	
DEFAULTED	-		12	24%	1	3.8%	-	
TRANSFERRED OUT	-		-		1	3.8%	-	
TOTAL	18*		50**		26		17	

* 1 patient SS-, C- currently continues treatment after release, 4 patients diagnosed with not active TB.

** 5 patients were diagnosed with not active TB

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-		-				-	
COMPLETED	-		-		1	100%	-	
TREATMENT SUCCESS	-		-		1	100%	-	
FAILURE	-		-				-	
DIED	-		-				-	
DEFAULTED	-		-				-	
TRANSFERRED OUT	-		-				-	
TOTAL	-		-		1		-	

Orel Oblast - 2001

Treatment outcomes

Prison sector

Treatment outcomes <i>New sputum smear + cases</i>	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	4	67%	10	90%	6	75%		
COMPLETED	0	0	-	-	0	0		
TREATMENT SUCCESS	4	67%	-	-	6	75%		
FAILURE	1	17%	-	-	1	12.5%		
DIED	0	0%	-	-	0	0		
DEFAULTED	0	0%	-	-	1	12.5%		
TRANSFERRED OUT	1	17%	1	8.9%				
TOTAL	6		11		8			

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-				-		-	
COMPLETED	26	89.7%	13	100%	26	89.7%		
TREATMENT SUCCESS	26	89.7%	-	-	26	89.7%		
FAILURE	1	3.5%	-	-	2	6.9%		
DIED	0	0%	-	-	0	0		
DEFAULTED	1	3.5%	-	-	0	0		
TRANSFERRED OUT	1	3.5%	-	-	1	3.4%		
TOTAL	29		13		29			

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-		-				-	
COMPLETED	0	0%	-		0	0		
TREATMENT SUCCESS	0	0%	-		0	0		
FAILURE	0	0%	-					
DIED	0	0%	-					
DEFAULTED	0	0%	-					
TRANSFERRED OUT	0	0%	-					
TOTAL	0	0%	-					

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Ivanovo Oblast - 2000

Treatment outcomes

Civilian sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	32	67	36	64	42	71	35	66
COMPLETED TREATMENT SUCCESS	32	67	36	64	42	71	35	66
FAILURE	5	10	9	16	8	13,5	7	13
DIED	4	8	5	9	5	8	6	11
DEFAULTED	3	6	3	5	2	3	1	2
TRANSFERRED OUT	4	8	3	5	2	3	4	8
TOTAL	48		56		59		53	

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED TREATMENT SUCCESS	132	76	57	80	78	80	38	95
FAILURE	9	5	7	10	7	7	0	
DIED	8	5	1	1	6	6	2	5
DEFAULTED	11	6	3	4	3	3	0	
TRANSFERRED OUT	13	7.5	3	4	4	4	0	
TOTAL	173(2 no TB)		71		98		40	

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED							-	
COMPLETED	21	100	15	100	28	90	23	96
TREATMENT SUCCESS								
FAILURE								
DIED					2	6	1	4
DEFAULTED								
TRANSFERRED OUT					1	3		
TOTAL	21		15		31(1 no TB)		24(1 no TB)	

Ivanovo Oblast - 2001

Treatment outcomes

Civilian sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
<i>New sputum smear + cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	38		43		37			
COMPLETED								
TREATMENT SUCCESS	38	63%	43	73%	37	72,5%		
FAILURE	9	15%	10	17%	6	12%		
DIED	9	15%	2	3%	7	14%		
DEFAULTED	2	3%	1	2%	0	0		
TRANSFERRED OUT	2	3%	3	5%	1	2%		
TOTAL	60		59		51			

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	159		71		59			
TREATMENT SUCCESS	159	88%	71	86%	59	95%		
FAILURE	4	2%	4	5%	1	2%		
DIED	2	1%	-		-			
DEFAULTED	7	4%	4	5%	1	2%		
TRANSFERRED OUT	9	5%	3	4%	1	2%		
TOTAL	181*		82**		62			
<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	21	100%	29	93.5%	20	91%		
TREATMENT SUCCESS	-		-		-			
FAILURE	-		-		-			
DIED	-		-		-			
DEFAULTED	-		-		-			
TRANSFERRED OUT	-		2	6.5%	2	9%		
TOTAL	21		31		22			

* 2 persons had their diagnosis TB removed (Cancer pulmonum)

** 1 patient with Extrapulmonary TB diagnosed with Pulmonary TB

Ivanovo Oblast - 2000

Treatment outcomes

Prison sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	20	64,5	21	84	24	73	7	
COMPLETED			1	4	-			
TREATMENT SUCCESS	20	64,5	22	88	24	73	7	64
FAILURE	6	19	1	4	4	12	4	36
DIED					-			
DEFAULTED								
TRANSFERRED OUT	5	16	2	8	5	15		
TOTAL	31		25		33		11	

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	55	89	48	86	78	92	108	95.5
TREATMENT SUCCESS								
FAILURE	1	1.5	1	2	1	1	1	1
DIED	1	1.5	1	2			1	1
DEFAULTED								
TRANSFERRED OUT	5	8	6	11	6	7	3	3
TOTAL	62(1 no TB)		56		85		113	

<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED							-	
COMPLETED	3	75	1	100	9	100	5	100
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED								
TRANSFERRED OUT	1	25						
TOTAL	4		1		9		5	

Ivanovo Oblast - 2001

Treatment outcomes

Prison sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%						
<i>New sputum smear + cases</i>								
CURED	14		3		12		5	
COMPLETED	-							
TREATMENT SUCCESS	14	82%	3	50%	12	75%	5	55.5%
FAILURE	2	12%	2	33%	1	6%	3	33%
DIED	-	-	1	17%	1	6%	0	
DEFAULTED	-	-			-		0	
TRANSFERRED OUT	1	6%			2	12%	1	11%
TOTAL	17		6		16		9	

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-	-						
COMPLETED	47	88%	45	94%	43	90%	46	94%
TREATMENT SUCCESS	47	88%	-		-			
FAILURE	2	4%	-		2	4%	0	
DIED	1	2%	-		-			
DEFAULTED	-	-	-		-			
TRANSFERRED OUT	3	6%	3	6%	3	6%	3	6%
TOTAL	53*		48*	100%	48	100%		100%
<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED								
COMPLETED	1	100%	-		1	100%	2	100%
TREATMENT SUCCESS	-		-		-			
FAILURE	-		-		-			
DIED	-		-		-			
DEFAULTED	-		-		-			
TRANSFERRED OUT	-		-		-			
TOTAL	1		-		1			

* 1 patient has TB diagnosis removed

Vladimir Oblast - 2000

Treatment outcomes

Civilian sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%						
<i>New sputum smear + cases</i>								
CURED							51	69
COMPLETED							2	3
TREATMENT SUCCESS							53	72
FAILURE							7	9
DIED							5	7
DEFAULTED							6	8
TRANSFERRED OUT							3	4
TOTAL							74	

<i>New sputum smear - cases</i>	Abs. number	%						
CURED	-							
COMPLETED							53	84
TREATMENT SUCCESS								
FAILURE							1	1.5
DIED							3	5
DEFAULTED							3	5
TRANSFERRED OUT							3	5
TOTAL							63	

<i>Extra pulmonary cases</i>	Abs. number	%						
CURED							-	
COMPLETED							14	93
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED							1	7
TRANSFERRED OUT								
TOTAL	0		0		0		15	

Vladimir Oblast - 2001

Treatment outcomes

Civilian sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
<i>New sputum smear + cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	61	70	66	69	77	77		
COMPLETED	2	2	1	1	0	0		
TREATMENT SUCCESS	63	72	67	70.5	77	77		
FAILURE	10	11	8	8	11	11		
DIED	5	6	13	14	6	6		
DEFAULTED	6	7	5	5	3	3		
TRANSFERRED OUT	3	3	2	2	3	3		
TOTAL	87		95		100			

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-							
COMPLETED	94	91	89	86	61	90		
TREATMENT SUCCESS								
FAILURE	1	0,9	1	1	0	0		
DIED	5	5	7	7	2	3		
DEFAULTED	3	3	3	3	3	4		
TRANSFERRED OUT	0		3	3	2	3		
TOTAL	103		103		68			
<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-							
COMPLETED	19	100	34	95				
TREATMENT SUCCESS								
FAILURE			1	2,7				
DIED			1	2,7				
DEFAULTED								
TRANSFERRED OUT								
TOTAL	19		36					

Vladimir Oblast - 2000

Treatment outcomes

Prison sector

Treatment outcomes	Quarter 1 - 2000		Quarter 2 - 2000		Quarter 3 - 2000		Quarter 4 - 2000	
	Abs. number	%						
<i>New sputum smear + cases</i>								
CURED	31	62	21	48	7	64	5	62.5
COMPLETED								
TREATMENT SUCCESS	31	62	21	48	7	64	5	62.5
FAILURE	10	20	10	23	2	18	2	25
DIED	1	2	1	2				
DEFAULTED	2	4	2	4				
TRANSFERRED OUT	6	12	10	23	2	18	1	12.5
TOTAL	50		44		11		8	

<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-							
COMPLETED	104	64	107	57	50	71	86	72
TREATMENT SUCCESS								
FAILURE	3	2	5	3	3	4	10	8
DIED					1	1	2	2
DEFAULTED	8	5	3	1	3	4	1	1
TRANSFERRED OUT	47	29	74	39	13	19	21	17.5
TOTAL	162(1no TB)		189		70(1 no TB)		120	

<i>Extra pulmonary cases</i>	Abs. number	%						
CURED							-	
COMPLETED								
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED								
TRANSFERRED OUT								
TOTAL	0		0		0		0	

Vladimir Oblast - 2001

Treatment outcomes

Prison sector

Treatment outcomes	Quarter 1 - 2001		Quarter 2 - 2001		Quarter 3 - 2001		Quarter 4 - 2001	
	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
<i>New sputum smear + cases</i>								
CURED	6	67	15	79	5	100		
COMPLETED								
TREATMENT SUCCESS	6	67	15	79	5	100		
FAILURE	2	22	4	21	-			
DIED								
DEFAULTED			-	-	-			
TRANSFERRED OUT	1	11	-	-	-			
TOTAL	9		19		5			

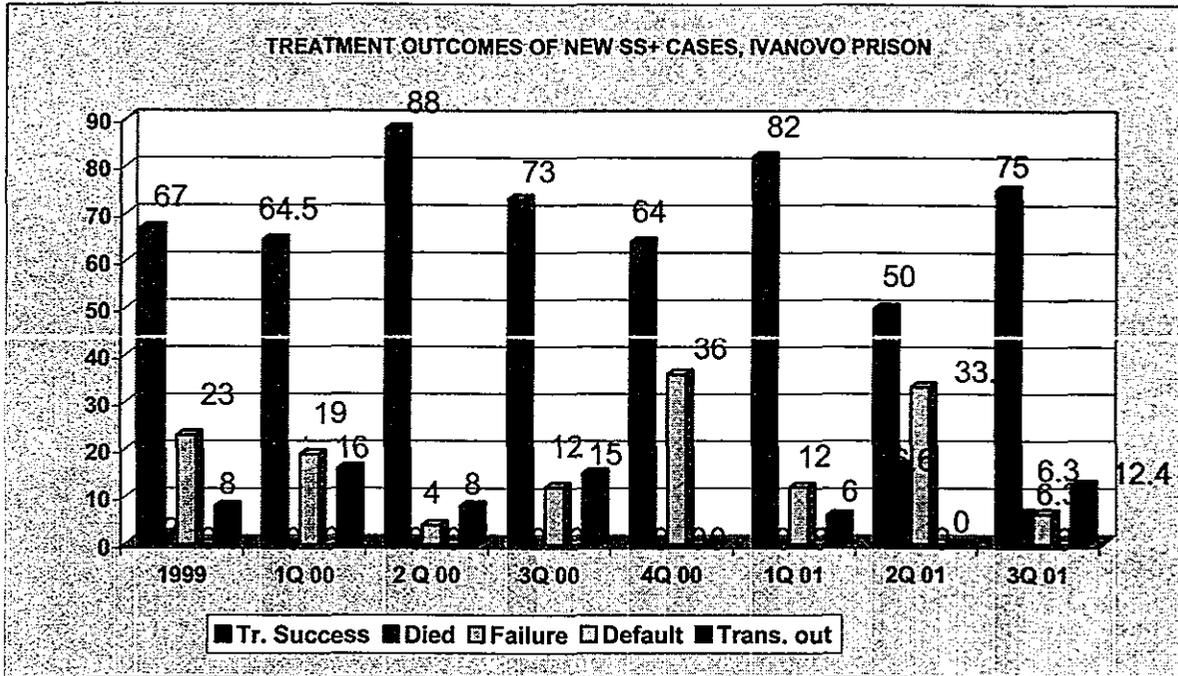
<i>New sputum smear - cases</i>	Abs. number	%	Abs. Number	%	Abs. number	%	Abs. Number	%
CURED	-							
COMPLETED	61	80	67	86	46	88		
TREATMENT SUCCESS								
FAILURE	4	5	4	5	3	6		
DIED								
DEFAULTED								
TRANSFERRED OUT	11	14	7	9	3	6		
TOTAL	76		78*		52			

* 1 patient has TB diagnosis removed

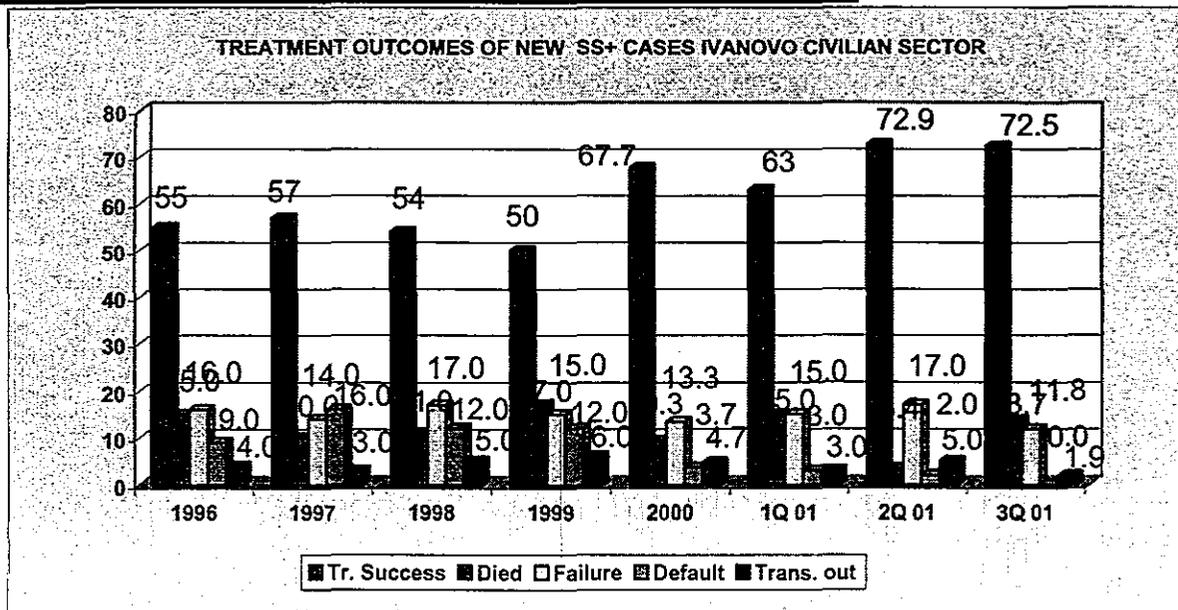
<i>Extra pulmonary cases</i>	Abs. number	%	Abs. Number	%	Abs. Number	%	Abs. number	%
CURED	-							
COMPLETED	1	100	4	100	4	100		
TREATMENT SUCCESS								
FAILURE								
DIED								
DEFAULTED								
TRANSFERRED OUT								
TOTAL	1		4		4			

ATTACHMENT 6. TREATMENT OUTCOMES FOR THE NEW SPUTUM SMEAR POSITIVE CASES IN IVANOVO, OREL, VLADIMIR OBLASTS AND CIVILIAN AND PRISON SECTORS

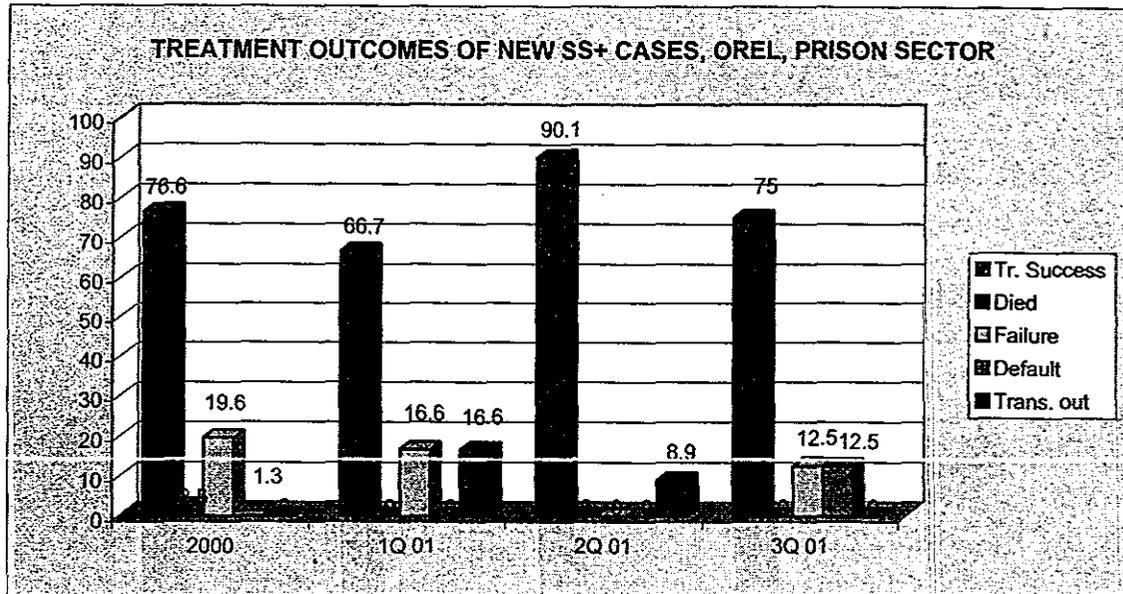
	1999	1Q 00	2Q 00	3Q 00	4Q 00	1Q 01	2Q 01	3Q 01
Tr. Success	67	64.5	88	73	64	82	50	75
Died	2	0	0	0	0	0	16.6	6.3
Failure	23	19	4	12	36	12	33.3	6.3
Default	0	0	0	0	0	0	0	0
Trans. out	8	16	8	15	0	6	0	12.4



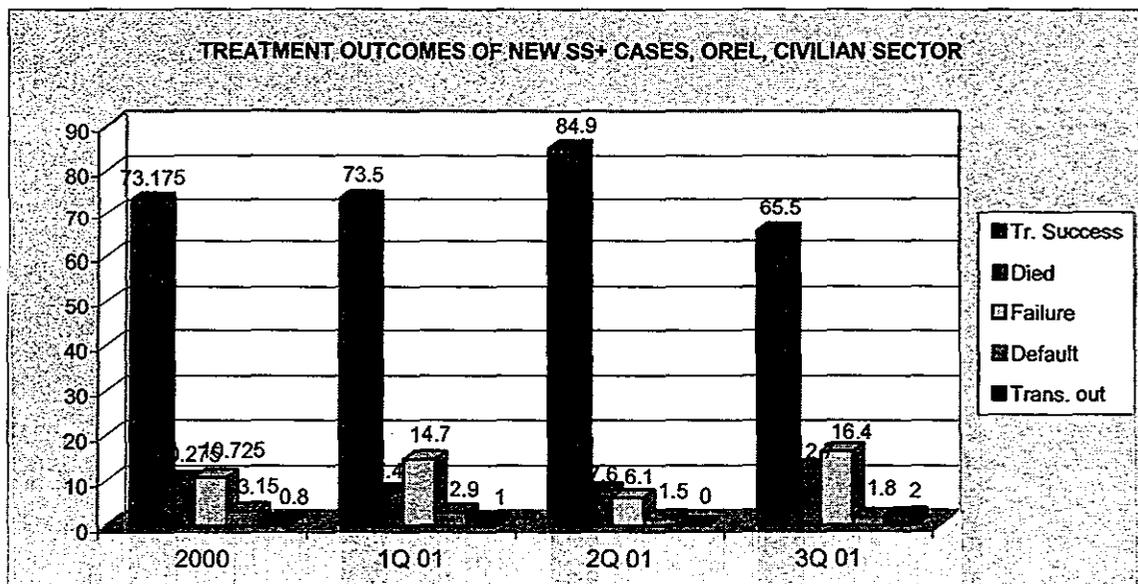
	1996	1997	1998	1999	2000	1Q 01	2Q 01	3Q 01
Tr. Success	55	57	54	50	68	63	73	73
Died	15	10	11	17	9	15	3	14
Failure	16	14	17	15	13	15	17	12
Default	9	16	12	12	4	3	2	0
Trans. out	4	3	5	6	5	3	5	2



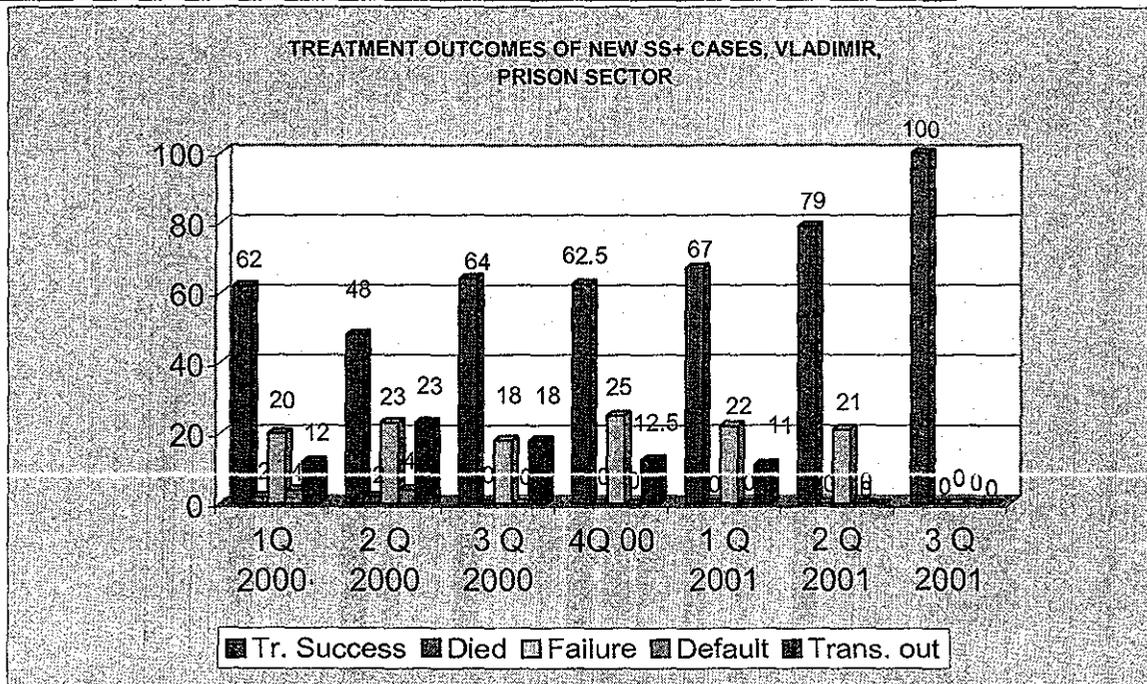
	2000	1Q 01	2Q 01	3Q 01
Tr. Success	76.6	66.7	90.1	75.0
Died	2.5	0.0	0.0	0.0
Failure	19.6	16.6	0.0	12.5
Default	1.3	0.0	0.0	12.5
Trans. out	0.0	16.6	8.9	0.0



	2000	1Q 01	2Q 01	3Q 01
Tr. Success	73.2	73.5	84.9	65.5
Died	10.3	7.4	7.6	12.7
Failure	10.7	14.7	6.1	16.4
Default	3.2	2.9	1.5	1.8
Trans. out	0.8	1.0	0.0	2



	1Q 2000	2 Q 2000	3 Q 2000	4Q 00	1 Q 2001	2 Q 2001	3 Q 2001
Tr. Success	62	48	64	62.5	67	79	100
Died	2	2	0	0	0	0	0
Failure	20	23	18	25	22	21	0
Default	4	4	0	0	0	0	0
Trans. out	12	23	18	12.5	11	0	0



	4Q 00	1Q 01	2Q 01	3Q 01
Tr. Success	72	72	70.5	77
Died	7	6	14	6
Failure	9	11	8	11
Default	8	7	5	3
Trans. out	4	3	2	3

